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Child Neglect: Current Definitions and Models

A review of child neglect research, 1993—1998

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Child Neglect: Current Definitions and Models—A review of child neglect research, 1993–1998 was prepared by **Susan Sullivan** for the Family Violence Prevention Unit, Health Canada.

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Introduction

Child Neglect: Current Definitions and Models—A review of child neglect research, 1993–1998 was produced by Health Canada's Family Violence Prevention Unit (FVPU) of the Centre for Healthy and Human Development. Through the FVPU, Health Canda leads the Family Violence Initiative (FVI), and coordinates the relevant activities of 13 federal departments and three central agencies. Under the current FVI, Health Canada remains committed to addressing family violence issues, including all forms of child abuse.

In October 1998, the FVPU invited Canadian experts in child abuse issues to meet to help Health Canada and its partners set future directions in preventing child abuse. One of the more pressing areas that the committee recommended be researched was the issue of "neglect." Dr. Paul Steinhauer, renowned for his work in this field, emphasized the importance of "neglect" especially in the early years of child development.

> Infant's brains are immature at birth and do not reach full maturity until the age of two. This is an extremely sensitive and critical period in the child's development. During this period, certain areas of the brain show heightened sensitivity to stimulation. Severe or chronic neglect also does long term damage to brain development with the result being lifelong changes to the individual's ability to regulate thought, emotions, and behaviour.

In Canada, the definitions of abuse and neglect differ among jurisdictions. In undertaking the *Canadian Incidence Study on Reported Child Abuse and Neglect*, a multi-stage survey design was used because there is a broad array of agency information, variations in definitions of child abuse and neglect, and inconsistent file recording standards. This document builds on past work and complements current activities in the area of child neglect.

This report summarizes research definitions and child welfare models for the prevention and treatment of child neglect. The review was limited to relevant research published between 1993 and 1998. Issues related to child neglect reveal interesting insights into the current challenges facing child welfare practitioners and researchers in Canada.

The FVPU has prepared a companion document to this report, *Child Neglect: Promising Approaches,* which will be an overview of current child welfare legislation, prevention, intervention, and treatment programs.

The problems identified and the solutions proposed are varied. A lack of consensus and confusion over definitional issues predominates and, as a result, the research tends to be fragmented and sometimes contradictory. As several reviewers have already noted, many of these difficulties are typical of the study of child maltreatment in general. Human behaviour and development are complex and many issues remain mysteries to the research community.

To better understand how we arrived at the current situation, a short review of the past is illustrative.

A Brief History of Child Maltreatment Research

Douglas Barnett et al. (1993) described the American experience:

> In an effort to deter economic destitution, separation of poor children from their families was encouraged prior to the 20th century. In these cases, parents were thought to promote poverty and dependency in their children through their examples of "laziness." These ethics were slow to change. Not until the turn of the current century were distinctions made between neglectful parents and impoverished parents (p. 11).

In Canada,

> [T]he category of neglect owes its existence to a set of class relations that allowed middle class reformers in the earlier stages of industrial capitalist development to apply legal sanctions to particular parents who occupied marginal positions vis-à-vis the larger economy. Reformers viewed these marginalized families, which were often headed by women, as unproductive, and they saw in them two potential threats, about which they were explicit. One was fear of the "contamination" of their own children via exposure to the children of these families in the school system. The second was concern about the potential long-term expense to society of citizens poorly fitted out for productive membership in the labour force. Child welfare legislation provided the grounds for intervention into and rearrangement of these families, while simultaneously preserving the ideal of the private home and family for those who conformed to their own beliefs and standards (Swift, 1995a, p. 85).

A social reform movement in the 1880s and 1890s addressed itself to the issue of improving living conditions for deprived children. One result of this movement was the establishment of the first Children's Aid Society in Canada, which was founded in Toronto in 1891.

Two years later came the passage in Ontario of legislation specifically addressed to the prevention of cruelty to and better protection of children. This Act became the basis for later legislative views of the issue of child neglect. The Act defined a neglected child in these ways:

- A child who is found begging or receiving alms.
- A child who is found wandering about without any home or proper guardianship.
- A child who is found associating or dwelling with a thief, drunkard, or vagrant, and growing up without salutary parental control.
- A child who is found in any house of ill-fame or the company of a reputed prostitute.
- A child who is found destitute, being an orphan or having a surviving parent undergoing punishment for crime.

(Swift, 1995a, p. 41)

Swift pointed out that this early definition addresses evidence of poverty, the need to care for the child, and moral issues concerning the activities of caretakers and guardians. According to American researchers Rose and Meezan (1993), the moral aspect of child neglect has become less important over time (Swift, 1995a, p. 41).

Child neglect was the original concept behind Canadian child welfare legislation. Swift noted:

> [I]t remained the primary organizing idea in child welfare work until the 1960s. With the publication of work by Kempe et al. (1962) on "the battered child syndrome," neglect began to assume a lower profile as the public and social workers responded to this far more dramatic idea of maltreatment. The identification of the "syndrome," according to Hutchinson (1990) accounted for quick passage of extra funding and mandatory reporting requirements in the United States, with Canadian jurisdictions following suit. This narrow definition of child maltreatment was soon broadened to include aspects of neglect, which then reappeared as subcategories of abuse.... The subsuming of neglect into abuse also reflects a repriorization of problems in the daily practice of child welfare work (Swift, 1995a, p. 43).

The "subsuming of neglect into abuse" is described by Rose and Meezan (1993):

> All child maltreatment was considered as a single phenomenon until 1964, when Leontine Young published her landmark study of families known to child welfare agencies. Young attempted to make clear distinctions between abusive and neglectful parents using three factors: interpersonal traits, the intent of the parent to maltreat a child, and the effects of maltreat-

> ment. She concluded that neglect was distinguishable from abuse and conceptualized it as a failure by emotionally needy mothers to provide adequate care (however unintentional) (Rose & Meezan, 1993, pp. 280–281).

Wolock and Horowitz coined the phrase "the neglect of neglect" in 1984 and discussed the inattention to child neglect by both professionals and the media. The reasons that have been cited for this inattention to child neglect follow:

1. Some believe that neglect does not result in serious consequences.
2. Many may feel that it is inappropriate to judge parents involved in poverty-related neglect.
3. Many may be reluctant to become involved in child neglect because the problem seems insurmountable.
4. Some may find other forms of maltreatment more compelling.
5. Ambiguity and vagueness regarding what constitutes neglect cause confusion.
6. Child neglect provokes negative feelings.

(Dubowitz 1994) (O. Barnett et al., 1997, p. 109).

The neglect of neglect, while now a cliché, is still true.

> [J]ournals covering child maltreatment include few articles on child neglect; in 1993, 6% of the papers in *Child Abuse and Neglect* were on neglect. Also, in 1993, fewer than 2% of federally funded research studies on child maltreatment focused on child neglect (Interagency Research Committee, 1994) (Dubowitz, 1994, p. 556).

In both Canada and the United States, child protection services have been struggling to cope with a dramatic increase in the demand for services, believed to be due largely to heightened public awareness of maltreatment issues resulting in more reporting of suspected cases of child maltreatment to authorities in the 1980s and 1990s. One way in which it appears that increased demand has been dealt with in the United States is a narrowing of the definition of child neglect. According to Dubowitz (1994, p. 556), it appears that child neglect is not a clinical priority and except for very severe or life-threatening cases, it is screened out at intake by overburdened child protection services.

However, the most recent national incidence statistics in the United States appear to contradict this view. The *U.S. Third National Incidence Study of Child Abuse and Neglect (NIS-3)* notes that the 1993 study found large increases in the number of children suffering from emotional neglect and physical neglect compared with the 1986 study, NIS-2.

> The estimated number of children who suffered Harm Standard emotional neglect in 1993 was

four and one-third times higher than the 1986 estimate. (There was a 333% increase from the NIS-2 estimated total of 49,200 children to the NIS-3 estimate of 212,800.) This means that children were at four times higher risk of this maltreatment in 1993 compared with their risk in 1986. (There was a 300% increase in the incidence rate.) At the same time, the number of physically neglected children who fit the Harm Standard criteria more than doubled, from 167,800 in the NIS-2 to 338,900 in the NIS-3 (a 102% increase), and there was an 85% increase in the risk rate per 1,000 for this type of maltreatment. The only neglect category under the Harm Standard that failed to demonstrate change since the last NIS was educational neglect.... When the NIS-3 incidence figures are compared with the incidence of Harm Standard neglect at the time of the NIS-1 [1980], all three types of neglect exhibit significant increases (Sedlak & Broadhurst, 1996, pp. 3-10–3-11).

Even less clear are the trends in the Canadian statistics. "In most Canadian jurisdictions, official statistics on reported child neglect do not exist" (Trocmé, 1996, p. 152). The federal government, in concert with the provinces and territories, has begun to address this gap in knowledge by initiating the *Canadian Incidence Study of Reported Child Abuse and Neglect*. Until the study reports its findings, however, Canadian researchers rely on the limited statistics available in this country and theorize what trends might be evident here.

> Recent research confirms that neglect cases remain the largest single category of cases processed in Canadian child welfare offices (Trocmé et al., 1994; Federal-Provincial Working Group, 1994) (Swift, 1995a, p. 67).

Statistics collected in Quebec in 1991 found the following proportions among 12,256 retained cases: 77% were neglect, 10% were physical abuse, and 13% were sexual abuse. The United States has reported similar statistics, although with a higher proportion of neglect cases among all cases of child maltreatment. Among the cases of physical abuse and neglect cases reported to the New York State Central Registry of Child Abuse in 1988, 93% were for child neglect (Palacio-Quintin et al., 1993, p. 154).

In the United States, the definition of child neglect has become narrower since 1980, according to Giovannoni (1993). She noted that neglect currently comprises about 50% of child maltreatment reports in the United States, compared to about 80% of reports 15 years ago (p. 8). According to the 1988 *U.S. National Incidence Study*, almost 43% of identified neglect

was physical neglect, 36% was inadequate supervision and 20% was failure or delay in providing health care (Gaudin, 1993a, p. 6).

> Based on a 50 state survey of CPS [child protection services] agencies in the US, an estimated 2.7 million children were reported as victims of child abuse and neglect in 1990. Of those, approximately 45% were reported for neglect, as compared to 25% for physical abuse, 16% for sexual abuse, 6% for emotional maltreatment (some of whom experience emotional neglect), and 8% for "other" forms of maltreatment (NCCAN, 1992). Approximately 40% of reported neglect cases are substantiated (Erickson & Egeland, 1996, p. 8).

The wide variation in statistical trends and the facility with which agencies may broaden or narrow assessments of child neglect can be attributed to a host of definitional issues confronting child neglect research and intervention.

Defining Child Neglect

Issues related to definition dominate child neglect research. Defining neglect is complex and requires an awareness of social, political, and economic influences and perspectives, as well as an understanding of scientific knowledge regarding human development and psychology. Research knowledge bases change over time and it is well recognized that our present understanding of human behavioural processes is incomplete. Therefore:

> Definitions of child abuse and neglect are not static phenomena, nor do they reflect issues that will be resolved in the decades to come (D. Barnett et al., 1993, p. 16).

Definitions influence the way the issue of child neglect is conceptualized for research, reporting, understanding the causes, and formulating intervention and prevention strategies. As with other forms of child maltreatment, child neglect research has many grey areas, characterized by a widespread lack of consensus. On the "front lines" of child welfare practice, workers probably do not have much time to indulge in scholarly debates about definition. By virtue of necessity, they frequently rely on personal discretion and professional judgement.

In fact, there appears to be some impatience with definitional matters:

> After many years of professional involvement in working with emotionally abused and neglected children and their families the author became convinced that the term "maltreatment" is the most appropriate to describe all forms of child abuse and neglect.... [T]endencies among professionals to compartmentalize aspects of the problem and place them in watertight compartments create their own problems, as there are more similarities than differences in the various characteristics and manifestations of abuse (Iwaniec, 1995, p. 189).

In reality, however, human processes are complex and our understanding of the causes and effects of certain behaviours changes over time. The "neglect of neglect" is seen in part as a result of a lack of definitional clarity and encourages the tendency of researchers to confound child abuse and child neglect. Most researchers indicate that abuse and neglect *are* distinct forms of child maltreatment and that there is a growing consensus that each requires specific and different interventions to

treat the effects and to prevent the maltreatment from happening in the first place or from reoccurring.

Increasingly, researchers are trying to differentiate between abuse and neglect and to better define the terms used in the field of child welfare in order to further the understanding of child maltreatment in general. Definitional clarity is needed, especially since child welfare and child protection services involve practitioners and researchers from a variety of backgrounds, disciplines, and perspectives. Child welfare's definitional issues are operationalized on a daily basis by police, pediatricians, legislators, and child protection workers. In addition, the system has considerable power over the families involved with child protection services. Not everyone is comfortable with having children removed from their homes based on a child welfare worker's personal judgement about a parent's suitability or a subjective interpretation of "neglect."

> To implement the public agenda of protecting children from harm, definitional specificity has become increasingly necessary for making systematic and relatively objective decisions about when intervention into family life is warranted (D. Barnett et al., 1993, p. 8).

Some current definitions of child neglect follow:

> A condition in which a caretaker responsible for the child, either deliberately or by extraordinary inattentiveness, permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual, and emotional capacities (Gaudin, 1993a, pp. 3–4).

> Child neglect is the term used most often to encompass parents' or caretakers' failure to provide basic physical health care, supervision, nutrition, personal hygiene, emotional nurturing, education, or safe housing. It also includes child abandonment or expulsion, and custody-related forms of inattention to the child's needs (Gaudin, 1993b, p. 67).

> There are parents who continually fail to provide for their children's needs, and usually in many ways. These failures eventually affect the child's health and/or development adversely. Characteristically, these parents do not feel guilt over their omissions, and often simply fail to recognize the harmful consequences of the chronic neglected state of their children (Hall et al., 1982, p. 6), (Swift, 1995a, pp. 70–71).

In effect, neglect is a residual category composed of all instances of child maltreatment other than those explicitly defined as sexual, physical, and emotional abuse. The limit of the concept is delineated by the presence of a real or implied choice on the part of the caregiver. If the harm to the child occurs because of circumstances which are external to the caregiver's control it is not a situation of neglect although it may well be a situation which results in harm to the child (Reid et al., 1994, p. 12).

Generally, child neglect means the failure of a parent or a caretaker responsible for the child's care to provide minimally adequate food, clothing, shelter, supervision, and/or medical care for the child. Defining "minimally adequate" levels of care, and reaching consensus on these definitions, however, are not easy processes (Gaudin, 1993a, p. 1).

Zuravin (cited in Nelson, Saunders, and Landsman, 1990) after analyzing definitional issues of neglect, concluded that most definitions agree it is an act of omission "judged by a mixture of community values and professional expertise to be inappropriate and damaging" and as "failure to perform parental duties related to supervision and physical needs of the child" (Downs et al., 1996, p. 182).

Giovannoni (1993) noted that in practical social policy terms, child neglect is "behaviour by parents or responsible caretakers that warrants

- intrusion into the family's privacy and autonomy, and
- the expenditure of social resources to remedy the behaviour."

(p. 8)

Numerous definitions of child neglect have been proposed by researchers and practitioners. The definitional debates spring from the lack of consensus on answers to the following questions:

- What are the indispensable, minimally adequate types of care that children require?
- What actions or failures to act on the part of the parents or other caretaker constitute neglectful behaviour?
- Must the parents' or caretaker's action or inaction be intentional, willful or not?
- What are the effects of the actions or inactions on the child's health, safety, and development?
- Is the family's situation a result of poverty, or a result of parental neglect?

(Gaudin, 1993a, p. 3)

The last question reflects one of the major controversies surrounding current conceptualizations. As articulated by Giovannoni in 1982, "Is 'it' poverty or is 'it' psychopathology?" (Swift, 1995, p. 88)

Does neglect arise from the conditions associated with poverty or is it the result of personal characteristics of the "child's prime caregiver" (which in the reality of child welfare research almost always means "mother")? Researchers cannot agree and this question has been the subject of debate in Canada and the United States for over a hundred years.

There is undisputed evidence that the incidence of neglect is more prevalent in areas of extreme poverty. Some researchers note that not all children living in such conditions are neglected, however, and they conclude that poverty may contribute to neglect, but it does not define it.

Pelton (1997), on the other hand, pointed out "that child neglect usually has multiple causes and, like accidental injury, is strongly related to low socio-economic status. Most injuries to children in child protection cases are not intentional. The emphasis on parental responsibility and on child protection laws, policies, and practices has contributed to excessive placement of children in foster care and to insufficient emphasis on directing resources toward remedying dangerous conditions and poverty associated with unintentional injuries and severe harm" (p. 7).

Severity of Consequences

Legal advocates insist on clear evidence of serious harm before court intervention. Research indicates that when child welfare workers are determining whether abuse or neglect exists in a particular situation, the actual focus is on parental omissions in care that are likely to increase the risk of harm to the child.

In a study published in 1979, Giovannoni and Becerra examined the views of both professionals and lay people in response to vignettes of parental care. They found that the main criterion used in defining whether abuse or neglect existed was the seriousness of impact upon the child, and that this criterion was fairly consistent across groups. Trocmé and Tam's research (1994, p. 16) supported this view, showing increased likelihood that a case will be substantiated if "the presence of any form of harm or risk of harm" to a child is shown (Swift, 1995a, p. 70).

A given behaviour can be interpreted as neglectful or not depending on the severity of the consequences to the child, the duration and frequency of neglect, as well as the cultural context in which the behaviour occurs (O. Barnett et al., 1997, p. 110).

Crouch and Milner (1993) argued that severity is an important but overlooked variable. Severity is typically assessed according to the magnitude of outcomes to children or the degree of demonstrable harm.

Some negative outcomes are difficult to measure, such as emotional consequences. Some consequences are neither immediate nor short term.

Thus, in 1988 the Department of Health and Human Services (DHHS) added "endangered" as a category for children who demonstrated no present evidence of injury but for whom future risk of injury is a reasonable risk. One difficulty in considering potential harm is predicting the likelihood that harm will actually occur and whether that potential harm is significant (O. Barnett et al., 1997, p. 110).

Chronicity of Neglect

Research indicates that frequent and repeated deficits in child care are more likely to be considered neglectful. Dubowitz, DHHS, and Zuravin have argued that frequency and chronicity should be evaluated in the context of the severity of harm involved in a particular act, as a single omission can have serious consequences and "an omission in care that harms or endangers a child constitutes neglect, whether it occurs once or a hundred times" (Dubowitz, Black, Starr, et al., 1993) (O. Barnett et al., 1997, p. 111).

Chronically neglectful families are typically multi-problem families with pervasive deficits in knowledge, skills and tangible resources, whereas nonchronically neglectful families have experienced recent life crises that have overwhelmed normally sufficient coping strategies (Gaudin, 1993b, p. 68).

Dubowitz et al. (1993) noted that although estimates of severity are typically based on the degree of harm involved, this is not always immediately apparent and/or easy to assess. Potential harm is more controversial than actual harm and professionals have been reluctant to rate a situation as maltreatment unless actual harm was evident (Gelles, 1982) (Dubowitz et al., 1993, p. 17).

According to Dubowitz et al. (1993), research has demonstrated long-term psychological harm resulting from neglect and, given that human nature and life inevitably involve some degree of risk taking, it makes little sense to see every instance of potential harm as neglect. Helping families minimize risks is important and potential harm should be included in a definition of neglect (p. 17).

Race, Culture, and Community

Zuravin et al. (1996) have noted that most current definitions of child neglect contain an element (recognized or not) of cultural values. As newer conceptual models tend to acknowledge the existence of different cultural and social values in both Canada and the United States, researchers have tried to identify and classify some of these differences. It should be noted that researchers have stressed the methodological limits and potential biases in this early research and have cautioned readers about drawing sweeping conclusions from the following, somewhat limited, results.

In an effort to determine how cultural and community values might vary, Polansky compared perceptions of

White and Black, working class and middle class, and rural and urban mothers and reported significant differences in conceptions of child neglect. Urban mothers appear to be more concerned with psychological care, while rural mothers placed more emphasis on physical care. Working-class mothers were more apt to see physical neglect, whereas middle-class mothers stressed psychological neglect. Black mothers reported slightly higher levels of concern regarding incidences of neglect than White mothers (Rose & Meezan, 1993, p. 286). Similarly, research cited by Becker et al. (1995) and by Rose and Meezan (1993) also found ethnic differences: Blacks appeared more concerned than Hispanics who appeared more concerned than Whites.

Rose and Meezan (1996) explored the perceptions of the seriousness of specific components of neglect held by mothers from three cultural groups (Caucasian, African-American, Latino) with public child welfare workers in Chicago. Their findings suggest "that members of minority groups perceive some types of child neglect as more serious than child welfare workers and workers of all types see neglect as less serious than the mothers" (p. 140). This led Rose and Meezan (1996) to make the following conclusion:

> The findings of the study seem to suggest that the practice of hiring investigators who lack social work backgrounds in the protective service system should be reviewed.... They view child neglect incidents as significantly more serious than do service workers, and seem to operate with a broader definition of child neglect than their service worker counterparts. Their behaviour may thus be contributing to the current overload of the child protection services system (p. 157).

Knudsen pointed to the significance of community perceptions of child neglect since it "is primarily nonprofessionals who identify, and thereby define, what events constitute child maltreatment." In addition, Knudsen and others noted that approximately one third to one half of all reports to child protection services by lay people are considered founded reports of maltreatment (Barnett et al., 1993, p. 25).

Dubowitz et al. (1998) compared views on child neglect among African-American and White community members of middle and low socio-economic status and with child maltreatment professionals' views. There were small but significant differences: both middle-class community groups expressed greater concern for psychological care than the lower-class African-American group. Both groups of African-Americans were more concerned than Whites about physical care.

> Overall, there is considerable agreement among the commu-

> nity samples in their views of what circumstances are harmful to children; professionals in the field appear to have a higher threshold for concern (p. 235).

Discussion of race and culture in research conducted in other countries may be of limited application to the Canadian situation. However, child welfare in Canada has been marked by unique cultural biases. As Swift (1995a) has noted, child welfare is

> ...a system well suited to keeping order, the order required for existing power and economic relations to be maintained, and child neglect is a concept well suited to justifying processes through which order is maintained. Child welfare is not, however, a system well suited to meeting the needs of Aboriginal people; surely several decades of destructive outcomes resulting from our efforts provide sufficient evidence of this. Nor is neglect a category that actually serves Aboriginal people or saves Aboriginal children, although it may appear this way in individual cases. Child welfare work with Aboriginal people, in fact, illustrates very well the way Althusser's concepts of repressive and ideological apparatuses operate in concert to produce desired effects, purposes captured in the phrase "teaching Mom a lesson." Bureaucratic processes work simultaneously to produce the appearance of equal treatment and "business as usual" for workers in the system. Workers apply the schema of neglect in more or less the same way to specific families and, most of the time, are unable to see beyond their own fragmented work processes to observe the part this classification process plays in the subjugation and racialization of the whole group (pp. 147–148).

Forms of Neglect

Physical Neglect

Different researchers have proposed a wide range of different subtypes of child neglect. Rose and Meezan, and Swift have noted that until recently, physical neglect predominated as the first concern. Swift (1995a) commented:

> This concern is mirrored in practice; as we will see, it is usually the traditional physical signs of neglect that predominate in both case records and in workers' talk about neglect (p. 72).

In the United States, state legislation "solidified the idea that the lack of adequate food, clothing, shelter, medical care and supervision, or abandonment were the cornerstones of a definition of neglect." Specific references to emotional well-being were not included in the legislative definitions of neglect until the early 1970s (Rose & Meezan, 1993, p. 281). This appears to be similar to the Canadian experience.

The following are some examples of the different categories of child neglect that have been used by researchers in the past 20 years:

Becker et al. (1995) noted that Giovannoni and Becerra divided neglectful behaviours into four categories:

- educational neglect
- abandonment
- failure to provide
- fostering delinquency

(p. 29)

Becker et al. (1995) further noted K. Miller's four classifications of neglect:

- educational neglect
- medical neglect
- intentional drugging
- abandonment

(p. 29)

These subcategories of neglect were suggested by Falconer and Swift:

- physical
- medical
- education
- supervision and guidance
- abandonment

(Swift, 1995a, p. 72)

Zuravin and Taylor later proposed eight categories of neglect:

- lack of physical health care
- lack of medical health care

- inadequate supervision
- child abandonment
- shelter hazards
- lack of household sanitation
- lack of hygiene
- lack of nutrition

(Crouch & Milner, 1993, p. 50)

Daro listed the following as typologies of neglect:

- physical neglect
- deprivation of necessities
- educational neglect/deprivation
- medical care neglect
- intentional drugging
- abandonment/lack of supervision
- failure to provide
- fostering delinquency

(Becker et al., 1995, p. 29)

Hegar and Yungman proposed three main categories of neglect:

- **Physical**—deprivation of basics, such as clothing, shelter, hygiene
- **Developmental**—deprivation of experiences necessary for growth and development, including supervision, education, medical and mental health care
- **Emotional**—includes
  a) General emotional neglect: parental incapacity to recognize the child's need for attention, security, self-esteem, and to recognize emotional needs
  b) Non-organic FTT (failure to thrive)

(Palacio-Quintin & Éthier, 1993, pp. 155–156)

According to O. Barnett et al., 1997, at least 11 subtypes of neglect have been "consistently described":

- health care neglect
- personal hygiene neglect
- nutritional neglect
- neglect of household safety
- neglect of household sanitation
- inadequate shelter
- abandonment
- supervisory neglect
- educational neglect
- emotional neglect
- fostering delinquency

(p. 112)

The current definition of child neglect used by the U.S. Department of Health and Human Services when conducting national incidence studies of child maltreatment is probably the most well-known categorization in North America. Gaudin (1993) reported that the subcategories of neglect, according to the second *National Incidence and Prevalence of Child Abuse and Neglect Study*, are

Physical neglect:

- refusal of health care
- delay in health care
- abandonment

- expulsion
- other custody issues
- *other physical neglect*

Supervision:

- inadequate supervision

Emotional neglect:

- inadequate nurturance/affection
- chronic/extreme abuse or domestic violence
- permitted drug/alcohol abuse
- permitted other maladaptive behaviour
- refusal of psychological care
- delay in psychological care
- other emotional neglect

Educational neglect:

- permitted chronic truancy
- failure to enrol or other truancy
- inattention to special education need

It is notable that "excluded from these definitions are cases where the parent was financially unable to provide reasonable safe, hygienic living conditions" (Gaudin, 1993a, p. 6).

According to the 1988 *U.S. National Incidence Study (NIS-2)*, almost 43% of identified neglect was physical neglect, 36.6% was inadequate supervision, and 20.8% was failure or delay in providing health care (Gaudin, 1993a, p. 6).

Emotional Neglect

Despite the apparently few substantiated reports of emotional neglect in the United States, Swift noted that "emotional issues have begun to take the stage in recent years" (1995a, p. 72). The greatest disagreement exists over emotional neglect.

> Although most experts agree on broad conceptual parameters of emotional neglect that include failure to provide support, security, and encouragement, they disagree on the operationalization of such behaviours (O. Barnett et al., 1997, p. 112).

Emotional neglect is specifically mentioned in child protection legislation in some North American jurisdictions. According to Rose and Meezan (1993), its inclusion was based on the assertion that a child's early emotional care affected later behaviour and psychological adjustment (p. 283).

Garbarino, Guttman and Seeley used multi-dimensional scaling with a combination of categories of psychological abuse and neglect to identify and empirically define five distinct subtypes of psychological maltreatment. The five subtypes are spurning, terrorizing, isolating, exploiting/corrupting, and denying emotional responsiveness. However, this definition has not yet been universally accepted in the field of maltreatment (Becker et al., 1995, p. 28).

Swift reported that emotional neglect

> ...is an extension or replacement of moral neglect, according to Gordon, but a more "psychological and scientific" category than moral neglect. The term "emotional neglect" has been in use by social workers since the 1950s, was codified by 1960, but has eluded the specificity required for wide legal usage (Gordon, 1988, p. 162). Polansky et al. brought emotional neglect to the forefront as a child welfare issue in the Childhood Level of Living (CLL) Scale [a tool used to assess the existence of child neglect]; 36 per cent of the items in this measure concern emotional or cognitive care of children (Gordon, 1988, p. 163) (Swift, 1995a, p. 72).

The lack of definitional clarity and overlap that characterizes neglect in general is amplified within discussions of emotional neglect in particular (or "psychologically unavailable parenting" as Erickson and Egeland [1996] refer to emotional neglect). If Reid et al. (1994) are right in saying that "[i]n effect, neglect is a residual category composed of all instances of child maltreatment other than those explicitly defined as sexual, physical and emotional abuse" (p. 12), then perhaps the reason why so many seemingly disparate typologies get lumped under the heading of "emotional neglect" is that it is the residual form within a residual category. For example, O. Barnett et al. (1997, p. 112) noted considerable overlap between definitions of emotional neglect and psychological maltreatment.

One attempt to define emotional neglect refers to it as

> ...the passive ignoring of a child's emotional needs; to lack of attention and of stimulation; and to parental unavailability to care, to supervise, to guide, to teach, and to protect.... Emotional neglect more often than not originates from parental unawareness and ignorance, depressive moods, chaotic lifestyles, poverty, lack of support, and lack of appropriate child-rearing models (often based on parental childhood experiences), unwittingly impairing child-development and well-being (Iwaniec, 1995, p. 5).

Failure to Thrive (FTT)

Many terms used in discussions of child maltreatment are either poorly defined or very fluid. An illustration of the kind of confusion that can result is reflected in an examination of the research literature on "failure to thrive" (FTT).

FTT syndrome has been defined as delayed physical growth due to inadequate emotional care; however, this is difficult to prove empirically and the definition is not universally accepted (Rose & Meezan, 1993, pp. 282–283).

> Failure to thrive (FTT) refers to chronic, severe, undernutrition of an infant. Medical staff may diagnose FTT if the infant's weight is 20% below the ideal weight for the infant's height. Poor weight gain over time is another indicator of FTT. Thirty per cent of FTT cases have an organic cause. Fifty per cent are due to extreme neglect and dysfunctional mothering, and the rest are caused by errors in formula preparation or breast-feeding problems (Downs et al., 1996, p. 188).

The first cases of the "syndrome" were diagnosed in the 1940s among institutionalized infants. It was seen to be the result of psychosocial deprivation of early childhood development in institutions. Researchers surmised that infants living in unstimulating homes must be subject to equivalent disadvantage.

> Their task was then to demonstrate that the primary caretaker of the child with NOFT [Non-organic Failure to Thrive] (invariably the mother) was not capable of providing an adequate parenting experience by reason of psychiatric disorder, poverty, or marital and family discord (Puckering et al., 1995, p. 574).

> FTT appears to be the result of insufficient attachment between the mother and the baby. Explanations for the lack of bonding include early deprivation of the mother during her own childhood, difficulties during the pregnancy or childbirth resulting in prematurity or congenital defects, acute illness of mother or baby, and stressful current life events (Mayhall & Norgard, 1983) (Downs et al., 1996, p. 189).

According to DiLeonardi (1993):

> [T]he traditional definition of "failure-to-thrive" has changed dramatically over the years. In the 1970s, Barbero et al. (1975) described failure-to-thrive as being diagnosable by a series of symptoms including weight below the third centile for age with subsequent weight gain in the presence of appropriate nurturing; no evidence of systemic disease or abnormality; developmental retardation with subsequent acceleration when the environment is changed; clinical signs of maternal deprivation; and presence of significant environmental psychosocial disruption. It was regarded as a severe and life-threatening form of neglect in many jurisdictions. Currently, failure-to-thrive is diagnosed as weight below the fifth centile with no organic reason and is not regarded as child neglect (Dubowitz, Black, Starr Jr. and Zuravin, 1993). There are no developmental markers. This change in definition has increased the number of failure-to-thrive cases geometrically, since by this

> definition approximately 5% of all infants and small children fail to thrive, a substantially higher number than the total number of all abuse and neglect allegations in the country (p. Appendix C–2).

Hanson (1993) hypothesized that Non-organic Failure to Thrive (NFTT), which has no biological origin,

> ...may be caused by parental inexperience in not knowing how to feed properly or how much babies eat, or by diluting the formula for lack of money. NFTT can also be a more deeply rooted problem. Infants quickly sense the feelings and attitudes of caregivers. If the parent feels ambivalence or hostility toward the infant, lacks attachment, or sees the child as too demanding, the infant may react negatively.... Maternal deprivation has largely been held accountable for the NFTT syndrome. Family systems proponents suggest this condition is symptomatic of total family maladaptation, of family disengagement characterized by distancing and lack of communication within the total family unit (p. 105).

Others have reached different conclusions:

> However, with the increasing use of well controlled studies, and the objective measurement of family relationships using instruments of known psychometric properties, it became clear that within the syndrome of NOFT [Non-organic Failure to Thrive] not all families are alike, and parents do not consistently fit into these limited categories (e.g., Drotar, 1991) (Puckering et al., 1995, p. 573).

FTT cases are believed to result from "psychosocial diseases" such as physical neglect and psychological maltreatment. "Although most experts agree that non-organic FTT results from psychosocial difficulties that reduce caloric intake, the nature of the psychosocial difficulties has been the subject of considerable debate." Some see it as a medical condition due to physical child neglect (inadequate food and nutrition). Others focus on psychological aspects of FTT, such as isolation and lack of stimulation and view FTT as a psychological condition. Studies evaluating the differences between non-organic FTT infants and normally developing infants, for example, have found that the interactions between FTT children and their mothers are characterized by deficits in attachment, sensitivity toward the child, and degree of comfort between mother and child (O. Barnett et al., 1997, p. 118).

> Controversies surrounding non-organic failure-to-thrive children continue unabated. It is arguable that the assumption

that FTT is the result only of neglect is unsupported: the condition may involve negative parental feelings, which are demonstrated by difficult parent-child interaction, and indeed there may be many other factors that need to be taken into account including unwanted pregnancy, insecure attachment, problematic temperamental attribute of the child, distorted parental perceptions and attitudes, and insufficient support systems for parents in need (Iwaniec, 1995, p. 189).

Other Forms

Concern with inadequate medical care has evolved from an emphasis on not providing care to actively refusing care, most often based on religious conviction (Rose & Meezan, 1993).

Withholding medically indicated treatment from newborn babies with serious birth defects is another "new" and somewhat controversial category of neglect, as is prenatal exposure to drugs/alcohol (Gaudin, 1993a, p. 8).

Neglect of the unborn child, or "prenatal neglect," is another recently identified and controversial form of neglect. It is generally considered to include actions that occur during the prenatal period that can potentially harm the unborn child. In current practice, the focus is on women who abuse drugs or alcohol during pregnancy. In 1993, the U.S. National Committee to Prevent Child Abuse found 6,922 infants were reported for prenatal drug exposure in 1993; 7,469 in 1994 (Wiese and Daro, 1995) (O. Barnett et al., 1997, p. 113).

There is limited research evidence linking prenatal drug exposure and negative developmental outcome. Nonetheless, in 1994, 27 states in the US required the reporting of drug-exposed babies and according to O. Barnett et al. (1997), it appears more legal responses are emerging. There is disagreement over the rights of the unborn versus the rights of the mother, and punitive responses to substance-abusing pregnant women have been questioned on practical, constitutional, therapeutic, and empirical grounds.

> Although the problem of prenatal neglect continues to be the focus of much theoretical discussion and empirical research, solutions will likely remain elusive for some time (O. Barnett et al., 1997, p. 113).

Models of Child Maltreatment

In an effort to make sense of the complexities surrounding child maltreatment in general, researchers formulate different conceptual models and develop assessment tools to help operationalize definitions. Different models and tools affect how research studies are defined, findings are interpreted, and meaning is applied. Different models each carry their own biases; each grew out of different theories about the etiology, sequelae, and treatment of child abuse and neglect.

> Research also has clearly revealed that each perspective, by itself, is insufficient for accounting for the causes and effects of child maltreatment. Rather, an integration of approaches seems most warranted. Consequently, these different viewpoints should not be thought of as mutually exclusive nor should they be inappropriately or artificially pitted against one another (D. Barnett et al., 1993, p. 21).

Some of the main conceptual models that are current in child neglect research today are outlined below.

Medical–Diagnostic

The medical–diagnostic approach to child maltreatment is the oldest model outlined here. This model has a narrow focus and is limited primarily to the most severe instances of child maltreatment, such as those that can be documented by x-rays of children with multiple fractures (D. Barnett et al., 1993, p. 18). This approach has resulted in formulations that emphasize treating a disorder afflicting the parent (e.g., the battered child syndrome). Psychiatric or psychological conceptualizations that focus on perpetrator characteristics are a feature of the research.

> [C]urrent knowledge about neglect has been limited almost entirely to questions about the supposed causes of neglect and effectiveness of various treatment models. It is, in other words, a highly individualistic approach, based on a view of neglect as a disease entity in need of a cure. This approach assumes the continuing need for the current array of social services and programs. That these programs have not reduced the scope of the problem

over the past hundred years (Nagi, 1977; Rose & Meezan, 1993) is not addressed (Swift, 1995a, p. 11).

Sociological

Sociological models of child maltreatment (e.g., Gelles, Giovannoni and Becerra) define child maltreatment in terms of a social judgement of parental acts that are deemed inappropriate by cultural standards and practices. Sociological models focus on contextual conditions, such as poverty, that give rise to maltreatment.

> In accord with the sociological perspective, we propose that the emphasis in defining child maltreatment should be on the parental acts that are viewed to be unacceptable or "improper" by society, because the majority of the population *believe* that they place children at risk for physical and emotional harm. We emphasize parental actions over other variables to define child maltreatment for a number of reasons (D. Barnett et al., 1993, pp. 22–23).

Legal

Legal models of child maltreatment (e.g., Wald) establish clear guidelines regarding parental actions justifying court action. These models aim to provide national standards for judicial decisions about maltreatment.

Ecological

Ecological models (e.g., Bronfenbrenner, Belsky, Garbarino, Starr, Zuravin) place equal emphasis on environmental and familial contributions to maltreatment. These models maintain that society as a whole shares responsibility for child protection (D. Barnett et al., 1993, pp. 18–19). Family behaviour is viewed within the larger social context in which it is embedded.

Current theory emphasizes the ecology of childhood, with multiple and interacting factors contributing to the occurrence of child abuse and neglect. In addition to the individual and interpersonal factors, interactions between parents and children are influenced by community and society factors, such as the availability of child care and poverty (Dubowitz et al., 1993, p. 10).

Dubowitz et al. (1993) addressed three issues of ecological context: parental understanding of the needs of children, the relevance of cultural or religious beliefs, and the role of poverty. These researchers noted that parents sometimes need information from professionals to understand children's needs and that society shares an obligation for children's care. Some circumstances (e.g., sending children to school) are parents' responsibility, whereas other situations require professionals to inform parents (e.g., lead poisoning).

> However, if reasonable efforts have been made to inform parents about their children's needs and parents are not responsive, they are not fulfilling their responsibility and they are contributing to their child's neglect (p. 19).

Developmental–Ecological

Belsky (1993), who has written an excellent review of the scientific research into the causes of maltreatment, used a "developmental–ecological" analysis, which underscores the dyadic nature of problematic parenting.

> If, as is now widely acknowledged, maltreatment is a transactional by-product of processes taking place between parent and child in a family and community context, than studies...that examine "main effects" of child characteristics are more likely to underestimate the interactive role that factors like prematurity and handicap play (p. 419).

Belsky noted that the current research points to a model in which child maltreatment is the result of a transactional process involving the characteristics of children and parents, embedded in multiple contexts. Cicchetti and Toth (1995) concurred:

> We believe that a developmental framework holds considerable promise for helping to unravel not only the sequelae of maltreatment, but also the processes that underlie these maladaptive outcomes. Therefore, in accord with a developmental psychopathology perspective, we approach our review of the consequences of maltreatment within an organizational framework that necessitates an examination of adaptation on stage-salient issues (p. 546).

In its 1989 publication, *Research on Children and Adolescents with Mental, Behavioral, and Development Disorders*, the U.S. Institute of Medicine noted that a developmental approach should take into account "the emerging behavioural repertoire, cognitive and language functions, social and emotional processes, and changes occurring in anatomical structures and physiological processes of the brain" throughout the life course (Cicchetti & Toth, 1995, p. 542).

A developmental psychopathology approach to defining maltreatment is also proposed by D. Barnett et al. (1993).

> Consummate to understanding the multifaceted nature of the causes and consequence of maltreatment is the recognition of the developmental aspects of child abuse and neglect. Each of the components involved in child maltreatment, the environment, the parent, and the child, are transacting over time....

> And in this sense, the parental acts that are judged to be unacceptable by society change as a function of the child's age (pp. 23–24).

As well as by Cicchetti and Toth (1995):

> Finally, in a recent developmental–ecological analysis of the etiology of child abuse and neglect, Belsky (1993) examines a variety of contexts of maltreatment, including the contributions of parent and child characteristics and processes, parenting and parent–child interactions, and community, cultural, and evolutionary contexts of maltreatment. After a careful and thorough analysis of the research literature, Belsky (1993) concludes that child abuse and neglect are multiply determined by factors that are operating at various levels of the ecology. As such, it is impossible to unearth a single pathway to maltreatment or to consistently identify a factor or factors that, when present, culminate in an act of maltreatment. Rather, Belsky's review confirms that maltreatment occurs when stressors exceed supports and when risks are greater than protective factors (cf. Belsky, 1980; Cicchetti and Lynch, 1993; Cicchetti and Rizley, 1981). According to Belsky, the fact that research reviews consistently fail to identify etiological correlates of child maltreatment confirms the belief that etiological factors result in maltreatment only in combination with other contributory agents. Therefore, analyses that focus on "main effects" by comparing maltreated and comparison groups on a single variable may fail to reveal group differences because of an inability to elucidate the interplay among factors. These points are important to keep in mind when evaluating research on the sequelae of child maltreatment (pp. 545–546).

Parent-Focused Vs. Child-Focused

Another conceptual approach for current research models divides definitions of child neglect (and more generally, child maltreatment) into two camps: "parent-focused" and "child-focused."

> A widely prevalent framework in the child welfare field focuses on omissions in caregiver behaviour regarding children. Others are more concerned with basic needs of children not being met, whatever the reason (Dubowitz, 1994, p. 558).

Historically, the issue of neglect has been approached from the perspective of the parents' behaviour toward the child. As a result, there is relatively little research about the effects of neglect on children and few treatment interventions that focus on providing treatment services to the

child. Rather, the emphasis has been on treating the neglecter.

The newer, child-focused approach is concerned with the effects of neglectful behaviour on the child.

> This perspective arose in response to the potential abuses inherent in the emphasis on parental inaction: an overreliance on worker discretion and judgement as to the meaning and consequences of parental behaviour, placement of children in outside homes when substantial risk of harm was not clearly established, and cultural and class bias in the assessment of risk (Rose & Meezan, 1993, p. 284).

Goldstein, Freud and Solnit defined neglect from the point of view of harm to the child and placed their emphasis primarily on the child's psychological well-being. They defined neglect as "a lack of emotional attachment of the child to the parent based on the parent's failure to provide the attention a child needs to feel cared for, nourished, comforted, loved, and stimulated" (Rose & Meezan, 1993, p. 284).

Among those who have taken the parent-focused approach include Kadushin, who

> ...has argued that we must rely on parental behaviour as an indicator of neglect because the effect of neglect may not always be immediately visible.... Authors who favour this [broad] perspective have argued that judges and caseworkers need discretion in determining neglect and that more specific definitions remove such discretion. It has also been argued that more specific definitions could not be sensitive to community standards (Rose & Meezan, 1993, p. 283).

The parent-focused approach, it has been argued, allows workers to make use of protective services before evidence of harm has been demonstrated; therefore, a broader and more inclusive definition of neglect is desirable (Rose & Meezan, 1993, p. 287).

Dubowitz et al. (1993), on the other hand, stated that the focus of concern in defining neglect must be on children and their unmet needs because needs vary according to age and developmental level.

> Neglect occurs when basic needs of children are not met, *regardless of cause.* Basic needs include adequate shelter, food, health care, clothing, education, protection, and nurturance (p. 10).

An evaluation of contributory factors *is* important for planning appropriate interventions, according to Dubowitz et al. (1993):

> Situations where the effect on children is unclear should not be considered neglect; research

> is needed to examine the impact on children of conditions that are thought to be harmful (e.g., latchkey children), despite little or no supporting evidence (p. 13).

Narrow definitions, such as those used in legal and child protection systems, restrict our ability to fully understand neglect, according to Dubowitz et al., although they are relatively easy to operationalize and implement. Parental responsibility is implicit in narrow definitions, they say. Broad definitions may appear to absolve parents of all responsibility and are often vague and difficult to implement, but "despite the immense challenges associated with a broad conceptual definition of neglect, we suggest...that from a child's perspective this is a more meaningful and useful view" (Dubowitz et al., 1993, p. 10).

Assessment Tools

As previously mentioned, researchers have developed various measures to assist in assessing the existence of child neglect. Perhaps the best known of these is the Childhood Level of Living (CLL) Scale, which grew out of Polansky et al.'s 1967 research of neglectful mothers in rural Appalachia and was later applied to a study of low-income families in Philadelphia. The CLL Scale

> ...was designed to examine specific elements of care along a continuum from poor to excellent, in the arenas of physical, emotional, and cognitive care. This measure, which remains probably the most comprehensive available, allows for deficits in one area to be compensated for by strengths in another and for patterns of good as well as poor care to be identified (Swift, 1995a, p. 69).

Geared predominantly toward maternal care—in a majority of households only the female parent was available for study—the CLL presents nine descriptive categories, five of which assess physical care and four the emotional, cognitive, or psychological factors. Under physical care, consideration is given to such facts as meal planning, medical care, safety issues, leaving the child alone, house or shelter adequacy and safety, appropriateness of sleeping and living conditions, and cleanliness. The psychological assessment considers the type of stimulation the child is given, the parents' emotional availability to the child, quality of discipline, the mother's concern for the child, and her own stability (Hally, Polansky, and Polansky, 1980) (Hanson, 1993, p. 96).

The CLL is lengthy and detailed (it includes 99 items). Some authors question the relevance of some of it and the cultural relevance for minorities.

The other most widely used measure of child neglect at the moment is the Child Well-Being (CWB) Scales (Trocmé, 1996, p. 1456). According to Trocmé, the CWB Scales are the currently preferred measure but the scales were not specifically developed for neglect and some criticize its conceptualization of child well-being as being vague.

Trocmé has developed the Ontario Child Neglect Index (CNI). The CNI was designed to be short, easy to administer and "accurately reflect child welfare practice within the framework of Ontario's child welfare laws" (Trocmé, 1996, p. 145).

> The Child Neglect Index is designed to provide child welfare practitioners and researchers with a validated and easy-to-use instrument that specifies type and severity of neglect. Field testing shows that the validity and reliability of this one-page index compare favourably with the Child Well-Being Scales. Although the Child Neglect Index was designed within the context of Ontario's child welfare laws, the instrument and the structured expert-based method used to develop it can be easily applied to other jurisdictions (Trocmé, 1996, p. 145).

The CNI reflects Ontario's 1984 *Child and Family Services Act*, which defines neglect in terms of the different forms of physical or emotional harm that affect neglected children. This focus on evidence of harm or risk of harm marks an important conceptual shift in practice in Ontario, according to Trocmé. The shift is not as inclusive as the positions of Wald or Dubowitz who argued that neglect occurs when basic needs are not met, regardless of the cause. Instead, the legislation restricts the definition of neglect to situations in which harm to the child is associated with parental failure to "care or provide for" a child and excludes neglect attributed to other caregivers, such as school personnel or society at large as in cases of child poverty (Trocmé, 1996, p. 146).

> Although in principle legislation should guide intervention, in practice this is not always the case. Given that only 10% of child protection cases are brought to court (Trocmé et al., 1994) practitioners exercise considerable discretion in deciding which situations should be targeted for service. The clinical factors considered by workers in making intervention decisions in child neglect cases may be quite different for cases that do not proceed to court. Workers involved in the field test raised this issue; they felt that the CNI was less sensitive to mild forms of child neglect. Although they recognized that the CNI reflected the legislation, they also believed that the legislation sets limits that fail to consider some families that require preventive

> intervention. The stringent "evidence of harm or substantial risk of harm" criterion excludes families that are considered at risk of neglecting their children even though no specific harm can be documented (Trocmé, 1996, p. 151).

A copy of the Ontario CNI is included in Appendix A of this report.

Other assessment tools are used and adapted for research and practice. Another tool of note is the Strange Situation Procedure, which is used for assessing the quality of parent–infant attachment.

> This assessment procedure, used most often when the child is 1 or 2 years of age, has been demonstrated to be a valid and reliable measure of the infant's adaptation within the context of the infant–caregiver relationship and it is predictive of the child's subsequent behaviour in a variety of situations (Erickson & Egeland, 1996, pp. 10–11).

Causes/Risk Factors

It should be noted from the outset that there is no single cause of child maltreatment. One Canadian study (cited by Palacio-Quintin and Éthier, 1993) of the risk factors associated with child maltreatment in Montréal identified four "best predictors" of child maltreatment:

- family revenue below poverty line
- mother sole financial provider
- mother's first pregnancy occurs before the age of 21
- four or more children in family

This study reported that 100% of negligent families and 84% of abusive families lived below the poverty line (Palacio-Quintin & Éthier, 1993, p. 156).

What determines whether maltreatment will take place is the balance of stressors and supports. When parents' stressors are stronger than the mitigating factors, maltreatment occurs. Current research reflects this understanding and etiological studies seek to identify "contributing rather than determining agents" (Belsky, 1993, p. 418).

Belsky noted that

> ...there is no shortage of causal agents that are invoked to explain the occurrence of physical child abuse and neglect. Some of the factors are historical (e.g., societal attitudes toward family privacy) and some are contemporaneous (e.g., poverty); some are cultural (e.g., tolerance of violence) and some are situational (e.g., crying episode); and some are attributes of parents (e.g., hostile personality) and some of children (e.g., difficult temperament) (Belsky, 1993, p. 413).

Limitations of the Research

Etiological studies of child maltreatment have been criticized for a number of shortcomings in their scientific approach. Biased sampling, small samples, poorly matched control groups, and vagueness about severity and chronicity characterize many etiological studies of child maltreatment, according to Belsky (1993).

> For the most part, studies of the etiology of child maltreatment lack precise a priori predictions

> and thus are little more than empirical fishing expeditions in which controls for statistical tests are rarely if ever implemented (Belsky, 1993, p. 414).

Belsky was careful to note that researchers are well aware of the methodological difficulties but they are not easy to address and, indeed, many research problems are "fundamental to the study of child maltreatment."

> Because there is no single cause of the physical abuse and neglect of children, and because these forms of maltreatment arise as a result of a transactional process involving characteristics of parents, children, and the multiple contexts in which they are embedded, the search for "main effects" invariably yields sporadic findings.... As Bronfenbrenner (1979) so astutely noted, in the ecology of human development—and thus in the etiology of child maltreatment—"the principal main effects are likely to be interactions" (p. 38) (Belsky, 1993, p. 414).

Contributing to the difficulties associated with studying child abuse and neglect is the fact that researchers tend to base their studies on families that have come to the attention of child protection agencies and that have been labelled by the agencies as neglectful or abusive. It is hard to say how reliable these labels are in practice; many times, definitions are applied "after much negotiation and consultation with the family, judicial authorities, and others" (Belsky, 1993, p. 413). This reliance on "labels" of child protection services is noteworthy:

> Across the various subtypes of maltreatment, [Knudsen's] most consistent finding was the absence of clear criteria for defining maltreatment and systematizing the investigation and substantiation process. Consequently, cases frequently were decided upon in an idiosyncratic fashion guided primarily by the beliefs and practices of the individual case workers (D. Barnett et al., 1993, p. 26).

Nonetheless, research is conducted and reviewers point to improvements over time in how the work is conducted and reported. To present the research information on the causes of child neglect, we will borrow a framework from Polansky, who suggested that all causes of maltreatment can be grouped within three theories:

- **Personalistic**—attributing poor child care to individual differences among parental personalities, particularly their character structures.
- **Economic**—emphasizing the role of material deprivation and poverty.

- **Ecological**—viewing a family's behaviour as responsive to the larger social context in which it is embedded (1981, p. 21) (Hanson, 1993, p. 102).

Personalistic Causes: Gender

Most research to date on the causes of child neglect focuses on the personality characteristics of neglecting mothers. The reason for the focus on mothers, as opposed to mothers and fathers, is a subject of debate. Belsky's 1993 review noted that "virtually all the research evidence examined here deals with mistreatment of children by mothers. This should not imply anything other than that mothers more often care for children than do fathers and thus have been subject to more intensive investigations" (Belsky, 1993, p. 414).

Swift, however, has a different interpretation:

> The discourse of neglect has long since established mothers as the "crucial variable" in neglect (Polansky et al., 1972), and this belief is echoed explicitly or implicitly by almost everyone writing about child neglect. The study of child neglect is in effect the study of mothers who "fail" (Swift, 1995a, p. 101).

Indeed, our society assigns prime responsibility for rearing children to women and the research reflects that. However, Swift (1995a) noted that the research obscures the fact that it is analyzing mothers and mothering because the literature frequently uses the terms "parents" and "parenting"

> In fact, mother as the "crucial variable" is the main theme in most writing about neglect. Role rejection (Kadushin, 1967), lack of nurturing knowledge (Jones and McNeely, 1980), immaturity of the mother (Young, 1964; Katz, 1971), and the poor nurturing of the mother herself (Hall et al., 1982) all appear as variations on this theme. While many researchers are concerned with establishing the main causal variables of neglect, they also contribute to the definition of the problem by framing it in personal and intrafamilial terms (Swift, 1995a, p. 89).

As Swift went on to note, the "failure to provide care and in fact the complete abandonment of children by their fathers generally produces no comment at all" in case workers' files.

> In cases of neglect, fathers are usually not mentioned if they are not living in the home. If they are living at home, files seldom comment on the quality, quantity, or frequency of their financial input. Clearly, these files are not about fathers, but about mothers and the responsibilities they are supposed to carry out (Swift, 1995a, pp. 104–105).

The veritable dearth of research on neglectful fathers is puzzling. Even though more mothers are responsible for meeting the needs of children than fathers, 1988 American Association for Protecting Children (AAPC) statistics on reported cases of neglect found males were reported to be the primary perpetrators in 30% of the cases (O. Barnett et al., 1997, p. 128).

Until relatively recently, researchers have tended to have little comment on the tendency to mislabel "mothering" as "parenting" and to overlook the role of the father in cases of child neglect. One notable exception is research by Palacio-Quintin & Éthier (1993):

> It is unacceptable for mothers to be held solely responsible for neglect and the only parent implicated in CPS investigations. Fathers have a direct influence on their children as well as indirect, in supporting the mother, emotionally and financially, in nurturing the child.... Neglectful parenting has to be seen in the context of the whole family, including the father. This relieves the mother of sole responsibility for the neglect but also to expand [sic] the available family resources. It is essential to convince workers of the fact that two parents are responsible for their children and focusing on the two increases the chance of successful intervention (pp. 157–161).

Personalistic Causes: Mental/Psychological

The etiological research is far from clear about the individual characteristics of neglectful mothers.

> Even though it is likely that reviewers of the relevant literature draw different conclusions regarding the role of personality and psychological resources more generally as a result of their varying theoretical orientations, they are certainly assisted by the inconsistency that is apparent in the database (Belsky, 1993, p. 417).

Despite these inconsistencies, many researchers have drawn conclusions about the personality characteristics of neglectful parents:

> Neglectful parents are largely children themselves. Their infantile personalities seem to be largely the result of their own unmet childhood needs. They are isolated, have difficulty maintaining relationships, are verbally inaccessible, and lack the knowledge, judgement, and maturation [sic] to adequately parent their children. From their studies of neglectful mothers, Polansky and colleagues identified five types of personalities: the apathetic-futile, the impulse-ridden, the woman in reactive-depression, the mentally retarded, and the psychotic (Hanson, 1993, p. 120).

> Research on characteristics of neglectful mothers found depression (Downey & Coyne, 1990; Kinard, 1982), anxiety (Egeland et al., 1980), immaturity (Polansky, Ammons & Gaudin, 1985), intellectual and problem-solving deficits (Crittenden, 1988; Hansen et al., 1989; Martin & Walkers 1982) (Palacio-Quintin & Éthier 1993, p. 157).

> [M]altreating parents often are characterized by a *lack of understanding* of the emotional complexity of human relationships, especially the parent–child relationship. They have difficulty seeing things from the child's perspective or understanding behaviour in terms of the child's developmental level and the context or situation. Maltreating parents tend to think in global, all-or-nothing terms rather than see the shades of grey that more realistically capture human behaviour (Erickson & Egeland, 1996, p. 13).

> Compared to abusive and non-abusive/non-neglectful parents, neglectful parents exhibit poor problem-solving skills, intellectual deficits, and inappropriate development expectations for their children (O. Barnett, 1997, p. 116).

Information-processing deficits among neglectful parents appear to be worthy of further research. As Toth underlined:

> [T]he effect of poor quality caregiving and traumatic experiences on biological processes can provide important insight into the role of experience in altering the course of neurobiological growth (Cicchetti, 1993; Cicchetti & Tucker, 1994) (Toth, 1995, p. 561).

Crittenden (1993) looked at cognitive theory on information processing and identified four states at which parents could fail to respond to signs by their children. She theorized that parents might fail to respond to stimuli indicative of children's need for care because they "a) did not perceive the signal, b) interpreted the signal as not requiring a parental response, c) knew that a response was needed but did not have a response available, or d) selected a response but failed to implement it" (p. 27). Crittenden also noted that each distinct failure to respond represents a different type of neglect, associated with different types of parental developmental history and each requiring different kinds of interventions.

Greene et al. (1995) looked at two case studies involving mentally retarded parents with children placed in care due to abuse and neglect. They noted that "there is growing evidence that competence of parents with mental retardation (and developmental disability) can be improved

with training" (p. 417) and over time, the right intervention services are provided.

> Additional research may be helpful in considering assessment and intervention strategies to facilitate such decisions. For example, perhaps the prospects of the parent assuming full-time parenting responsibility should be questioned very early, and different intervention strategies should be attempted if the incremental custody of the children is made contingent upon the parent's completion of child care tasks but does not effect sustained and generalized changes in child care practice (p. 433).

Belsky (1993) noted that more recent studies "seem more consistent in linking negative emotional states and traits with maltreatment and...the literature on depression (without regard to maltreatment) consistently highlights linkages between this state-trait and intrusive, hostile and rejecting care, as well as detached and unresponsive parenting" (p. 417).

One recent study looked at both psychological and social factors of maltreating parents but did not find a link between neglect and depression. Age, socio-economic status, social support, education, household size, and gender, as well as psychiatric disorders including substance abuse and depression, were examined. In order to overcome the limitations imposed by reliance on officially reported neglect cases that occurred in the past, Chaffin et al. (1996) used data from the National Institute for Mental Health's Epidemiologic Catchment Area survey. This study followed 7,103 parents who did not self-report physical abuse or neglect of their children in the first wave of the survey but who self-reported physical abuse or neglect identified at Wave II. Physical abuse and neglect were found to have distinct sets of risk factors, with minimal overlap between the groups. Social and demographic variables were found to be limited predictors of maltreatment, while substance abuse disorders were strongly associated with the onset of both abuse and neglect. Depression was found to be a strong risk factor for physical abuse (Chaffin et al., 1996, p. 191).

> Of the psychiatric disorders studied, substance abuse disorders appear to be the most common and among the most powerfully associated with maltreatment.... Depression was found to be more uniquely associated with physical abuse rather than neglect once social factors and substance abuse are statistically controlled.... This suggests that the relationship between depression and neglect may not be direct, as it appears to be for abuse, but may be mediated by substance abuse, which is a common complication of depression. The association of neglect with

> [Obsessive-Compulsive Disorder] was unanticipated and presents something of a puzzle, especially given that the relationship persists when controlling for substance abuse (Chaffin et al., 1996, p. 200).

These results contrast with a Canadian study that found that "Mothers who neglect their children tend to exhibit higher rates of depression compared to non-neglectful mothers. Neglectful mothers also experience a high degree of stress" (Éthier, Lacharité, & Couture, 1995) (Wiehe, 1996, p. 50).

Personalistic Causes: Substance Abuse

Research into parental drug use and neglect is very preliminary, although it appears to be an area of growing research interest. Research to date has been limited by vague definitions of "substance abuse." Nonetheless, DiLeonardi hypothesized that children of substance abusing mothers are more likely to be neglected than abused and are more likely to suffer several subtypes of neglect (NCCAN Chronic Neglect Symposium proceedings, p. Appendix C–1).

Gaudin (1993a) also reported a link between substance abuse and neglect:

> Abuse of alcohol or drugs is often present in cases of child neglect. Recent reports from urban CPS [child protection services] agencies indicate that substance abuse is a factor in a growing percentage of child neglect cases. Estimates range from a low of less than 24% [Martin and Walters, 1982] to 80 to 90% of all child maltreatment reports [National Committee for the Prevention of Child Abuse, 1989]. An earlier study found that 52% of the children removed from their homes for severe child abuse or neglect had at least one parent with a history of alcoholism [Famularo, 1986]. A study of women served in a Chicago alcoholism treatment program reported that 65 to 75% of the women were neglectful toward their children. The epidemic of cocaine addiction in urban inner-city areas has resulted in large increases in the numbers of neglect reports.... In spite of these associations, there is yet insufficient data to conclude that substance abuse causes neglect, but it is an increasingly significant contributing factor (p. 15).

Personalistic Causes: The Child

Newer models of child maltreatment make an effort to consider the dyadic nature of parenting and the role of parent–child interactions. Findings of these studies indicate:

> Younger children appear more likely to experience maltreatment for a variety of reasons. One is that physical force is more often used against them (Straus, Gelles, & Steinmetz, 1980). Another is

> that they spend more time with their caregivers and are more physically and psychologically dependent on them. A third reason is that they are simply more susceptible to injury (Belsky, 1993, p. 419).

There is not a great deal of research into the child's interactions with the neglecting parent, although it would appear that there is much to be learned in this area. (See, for example, recent findings related to non-organic FTT syndrome, discussed in the section on Effects.) The preliminary conclusions that have been drawn about the role of the child in neglect can be summarized as follows:

> In summary, although I am inclined to draw the conclusion that parents play a larger role in the etiologic equation than do children with respect to the developmental-psychological context of maltreatment, there is no disputing the fact that children inadvertently contribute too (Belsky, 1993, p. 420).

Erickson & Egeland (1996) added to this hypothesis:

> Although few would dispute that some children are more difficult to care for than others, there is strong evidence from observational studies that child characteristics alone do not account for maltreatment. Research taking a transactional view of parent–child relationships demonstrates the power of parental sensitivity and responsiveness in overcoming the child's difficulty (p. 14).

Using information collected by agencies receiving official reports of neglect, O. Barnett et al. (1997, p. 115) reported the following statistics:

- The average age of neglected children is six years. Several sources indicate that the risk for neglect generally declines with age and the seriousness of injuries are more common for younger children.
- According to the National Center on Child Abuse and Neglect (NCCAN) in 1994, 51% of reported child neglect victims are under five years of age and 34% of those reports are for children under one year of age.
- Few gender differences are associated with neglect. NCCAN indicated that 52% of reported cases were males and 48% were females.
- Studies attempting to determine racial differences in rates of child neglect are fraught with methodological difficulties and, as a result, should be interpreted cautiously.
- According to 1988 statistics, 63% of child neglect reports involved Caucasian children, 20% involved African-American children and 12% involved Hispanic children. Because census data indicate that 12.4%

of the population are African-American and less than 3.5% are Hispanic, the risk of neglect appears to be higher for African-American and Hispanic children. The significance of this pattern, however, is unclear because race is also associated with socioeconomic status.

The Cycle Theory: Intergenerational Transmission of Maltreatment

A model of child maltreatment that appears to be waning in popularity is the "cycle theory" of intergenerational transmission. The theory, which was prominent in the 1960s and 1970s, is simple: neglectful (and abusive) parents maltreat their children because the parents themselves were neglected (abused) as children. "Closely related to the 'intergenerational continuity of abuse' are theories of maternal bonding and child development" (Swift, 1995a, p. 96).

> Psychological immaturity, characterized as "infantile personality," "impulse ridden," or "apathy-futility syndrome" by Polansky, Chalmers, Williams, and Buttenwieser (1981) or lack of "psychological complexity" by Pianta, Egeland, and Erickson (1989) is a personality characteristic of many neglectful mothers that is often related to their failure to receive nurturing as children (Gaudin, 1993b, p. 69).

> During the 1970s, two clinicians at the forefront of inquiry into the etiology and sequelae of child maltreatment observed that "the most constant fact [concerning child abusers] is that parents themselves were nearly always abused or battered or neglected as children" (Fontana, 1973, p. 74) and that "we see an unbroken line in the repetition of parental abuse from childhood into the adult years" (Steele, 1976, p. 15). More than 15 years after these comments were made, there are few in the scientific community who would embrace such remarks (Belsky, 1993, p. 415).

Massé explained that the cycle theory of child maltreatment is attractive and appeals to common sense but existing evidence of cause and effect is limited. A 1987 review by Kaufman and Zigler estimated that only 25% to 35% of victims of extreme physical abuse, sexual abuse, or neglect abuse their own children. Similarly, in 1989, Widom found 1.1% of adults abused as children abuse or neglect their children, compared with 1.0% of the control group. Massé suggested that the effects of placement on a child may be more serious (Massé, 1994).

Belsky (1993) pointed out that "most scholars are all too aware of the inherent limitations of the available database" on the cycle theory (p. 415). For one thing, he said, there has been an excessive reliance on retrospective reports of perpetrators labelled as maltreaters.

O. Barnett et al. (1997) noted that few studies of the intergenerational transmission of child maltreatment have looked specifically at child neglect and that there are contradictory results from the few that have. For example, a study by Éthier compared childhood histories of physically abusive mothers to neglectful mothers and found neglectful mothers more likely to have been victims of neglect, both physical and emotional. Conversely, a study by Zuravin and DiBlasio of teenage mothers found that neglectful mothers were no more likely to be abused or neglected than non-neglecting mothers but the neglecting mothers were more likely to have been sexually abused (p.129).

Swift questioned the ideological character of the cycle idea theory. The suggestion that mothers are unable to provide care primarily because they did not receive adequate care from *their* mothers supplies a satisfactory explanation for poor care, but "our attention is simultaneously drawn away from the social and economic context in which all these mothers have been doing their work" (Swift, 1995a, p. 99).

Another Canadian researcher shares Swift's concern. Massé noted that the cycle of violence theory masks the cycle of poverty and deprivation. He says that researchers should ask what risks are associated with the cycle of violence and maltreatment and what protective factors help parents to break the cycle of abuse (Massé, 1994, p. 248).

Belsky, however, pointed to "a few well-designed, prospective studies [that] clearly document a linkage between a reported history of childhood maltreatment and the perpetration of maltreatment." He hypothesized that certain maltreating individuals who report no history of maltreatment simply may not "recollect their troubled childhoods." It may be "that aggressive, antisocial behaviour is learned in childhood and [is] simply expressed in adulthood in the parenting role" (Belsky, 1993, p. 415). Further, parents' philosophy of discipline may be a factor in intergenerational transmission. It "seems plausible that abusive and neglectful childhoods may promote hostile personalities" (p. 415).

A study by Caliso and Milner found that women who broke the intergenerational cycle of transmission tended to be married to supportive and nurturant men. Belsky added that some studies suggest that physical attractiveness may be a mitigating factor in how children and women are treated. "Far more needs to be understood about who obtains the

social-emotional support that seems so important, if not critical, for disrupting the intergenerational transmission process" (Belsky, 1993, pp. 416–417).

Economic Causes: Poverty

The link between poverty and child neglect is clear. However, the meaning of this link is the cause of considerable debate. Data from the NIS-2 indicated that, of all subtypes of maltreatment, physical neglect is most clearly associated with poverty and Aid to Families with Dependent Children (AFDC) status (Erickson & Egeland, 1996, p. 14). Crittenden found that abusive parents have a higher level of revenue, social status and education than neglectful families (Palacio-Quintin & Éthier, 1993, p. 156).

In Canada, it has been estimated by child welfare agencies that between 66% and 75% of children in care come from poor families. One study of the cases served by a Toronto Children's Aid Society found 85% had incomes below the Statistics Canada low-income cut-off and a further 11% were economically vulnerable. At least half of the children in care come from single-parent families, yet single parents constitute about 13% of the families in Canada (Callahan, 1993, p. 182).

Rates of neglect are higher in families characterized by very low income, unemployment, and dependence on social assistance (O. Barnett et al., 1997, p. 115).

> SES [socio-economic status], in fact, is a stronger predictor of child neglect than physical abuse.... In addition, approximately 51% of the children reported for neglect reside in single-female-headed households, and approximately 42% of the primary caretakers are unemployed (O. Barnett, 1997, p. 115).

> Although child maltreatment permeates all socio-economic levels in our society, most maltreating parents are poor and welfare dependent. Simply stated, economic hardship and limited resources have long been linked with the occurrence of child abuse and neglect.... Nonetheless, it should be noted that the majority of families living below the poverty level provide adequate care to their children (D. Barnett et al., 1993, p. 15).

There are notable cases of neglect and abuse occurring in well-off families but there is reason to believe that the social and cultural resources of these families allow them to better hide their circumstances from child protection agencies. It is therefore possible that hidden neglect is equally distributed among social classes (Palacio-Quintin & Éthier, 1993, p. 156).

> Although status, income level, and cultural heritage do not necessarily determine whether or not a family is neglectful, these factors may correlate with the likelihood of being defined and reported as neglectful. The chances for this more affluent White family being reported to a protective agency are probably quite slim. The status or authority of the parents in the community is one deterrent. Poor or minority families, on the other hand, are more likely to come to the attention of the social service system. Therefore, this chapter deals with the families more likely to be reported—those with lower incomes and with fewer resources (Hanson, 1993, p. 102).

Callahan (1993) captured the link between neglect and poverty, as well as the potential to apply different meanings to this link:

> One of the most troubling aspects of child welfare is this separation between poverty and child care. The relationship between these two factors is so self-evident it seems amazing that child welfare services do not make it front and centre in their business. But they do not. Instead, child welfare researchers and policy-makers have accepted poverty as the context for the work and within that context have set about to develop other responses. A recent and widely acclaimed study illustrates this phenomenon (Polansky, Gaudin, & Kilpatrick, 1992). A Maternal Characteristic Scale [MCS] was applied to poor neglecting mothers and poor non-neglecting mothers, almost half Afro-American. The scale was successful in distinguishing between the two groups on their ability to relate, their impulse control, their confidence, and their verbal accessibility. Examples of such behaviour include "answers with single words," "hard to consider new ways," and "can laugh at herself." The authors suggest that the scale can be used by social workers to distinguish non-neglecting and neglecting mothers, and conclude:
>
> > The MCS emphasizes unresolved schizoid elements and associated problems with forming relationships, communicating, internalizing controls, perceiving reality, self-observation, and empathy. At the level of character traits, we speak of the Apathy-Futility Syndrome and the Impulse-Ridden Character.... Review of specific behaviours calls attention to rigidity, withdrawal, flatness of affect, and lack of empathy (pp. 278–279).

It would be equally possible to come to vastly different conclu-

> sions. The behaviour of the others could be viewed as behaviour typical of powerless people rather than of psychologically inadequate ones. The reasons why some poor mothers and not others exhibited these behaviours could be explained also in terms of powerlessness. The neglecting mothers were rated by child protection workers who had already identified these women as needing assistance. The control group was rated by headstart workers who had made no judgements about the mothers. As the neglecting group was involved in the child welfare system already, the fact alone could have made their behaviour even more typical of powerless people. The whole study could have been reframed to look at poverty, powerlessness, and the child welfare system. Instead, it ignored poverty and attempted to differentiate between mothers' capacity to manage in the face of it (Callahan, 1993, p. 186).

Dubowitz (1994) also commented on this point:

> It is also possible that some professionals may harbour, wittingly or unwittingly, a less sympathetic view toward the poor (Piven & Cloward, 1971). Low-income families may be held largely accountable for their circumstances and professionals may be reluctant to become involved in financial issues. This approach may also stem from professional blinders leading to a narrow view of one's professional role (e.g., provide psychotherapy to the mother). Pelton's (1978) classic paper on "the myth of classlessness" describes the professional and political interests served by falsely disconnecting child abuse and neglect from poverty (p. 558).

Dubowitz (1994) argued for a broader conceptual definition of neglect, in which "poverty is clearly a major contributor, if not a form of neglect per se" (p. 557).

> Of the different types of maltreatment, neglect is most strongly connected with poverty. One study found that the most severe neglect was among the poorest of the poor (Giovannoni & Billingsley, 1970). Indeed, many of the manifestations of physical neglect (e.g., inadequate clothing, exposure to environmental hazards, poor hygiene) may be primarily due to poverty (Dubowitz, 1994, p. 557).

Swift (1995a) also suggested that poverty is a form of neglect:

> [I]t is also well established in discourse that neglect is a phenomenon of poor populations. Pelton (1981), for instance, has convincingly argued against the idea that maltreatment of

> children is a "classless" phenomenon. Horowitz and Wolock (1981), like Polansky, studied low-income populations to discover why some poor people are better parents than others. Unlike Polansky they find that poverty is the primary causal factor. Neglecting parents, they say, are the "poorest of the poor," and their 1980 study confirms these findings. Hutchinson (1990) confirms that the argument continues on into the 1990s. One of its permutations is the interactionist approach, which suggests that maltreatment of children is an outcome of the interaction between personal and situational factors, including poverty (Garbarino, 1978). Cohen (1992, p. 217) reminds us again of the confusion workers face in distinguishing between poverty and neglect: "Many believe that children are permanently damaged at least to some degree by the *mere fact* of growing up in a home of abject poverty." Whatever the approach, virtually all authors concur that poverty is a factor almost invariably associated with child neglect (p. 89).

Swift (1995a) argued that child neglect "is a concept through which more powerful groups maintain their dominant position over particular vulnerable and marginalized groups" (p. 34).

> Categories of deviance such as neglect also work in more subtle ways. For instance, they produce a group of scapegoats, giving us somebody to blame when society is not working well. They also provide legitimation for designated authorities to enter into the private affairs of individuals and families (Swift, 1995a, p. 12).

Others question the cause and effect relationship:

> Poverty has been linked by many researchers to neglect. The samples used, however, may have been biased because low-income, limited-resource families, during their quest for public assistance, tend to come into contact with maltreatment reporting agencies more frequently than families with higher levels of resources. What these studies may be doing is studying the behaviour of social welfare agencies involved in reporting child maltreatment cases. This may or may not have relevance for understanding the behaviour of the parents and children involved in neglectful situations (Albert & Barth, 1996) (Burke et al., 1998, p. 396).

Environmental Causes: Multiple Pathways

More recent risk and causal models of child maltreatment have increasingly emphasized sociological factors that combine through multiple pathways to result in physical abuse or neglect (Chaffin et al., 1996, p. 191).

Major environmental factors (which are not specific to neglect but appear to be "robust" in regard to maltreatment in general) include:

- violence in the marital relationship,
- parental unemployment,
- general disorganization, and
- the availability of a helpful, supportive social network, perhaps especially among single parents who lack intimate emotional support

(Erickson & Egeland, 1996, p. 14).

Gaudin et al. (1993, p. 598) studied 102 neglectful families and 103 non-neglectful families, selected from US AFDC fund recipients. "Neglect and control groups were composed of predominantly low-income, single-parent, AFDC-recipient families; 60% of each group were African-American, the rest were White (including one Hispanic family in each group)." Their analysis of a wide range of demographic factors found significant differences in only two factors: the primary care providers in the neglectful families had less education (an average of grade 10 compared to grade 12 for the control group) and more children (3.16 vs. 2.56).

Environmental Causes: Social Isolation

Social isolation is a factor that is increasingly linked to neglecting mothers. However, definitional problems also plague this construct and the meaning of the term seems to have changed over time.

> In the 1960s, social isolation referred to a relatively narrow concept: the state of being socially integrated or embedded within the large community, based primarily on the number of contacts with formal organizations. Its current usage, however, reflects a broad set of findings taken from studies examining a) the structural characteristics of the parent's informal or formal network (i.e., number of contacts with network members), b) the parent's perception that there is adequate or available support, or c) whether the parent actually received supportive resources in the past (Coohey, 1996, p. 243).

Jones (1996) noted that "[p]ractitioners appear to use the concept to incorporate everything from the restricted network of social contacts of an impoverished, lonely, single parent through to social isolation due to anti-social, hostile, argumentative behaviour, which has led to relative isolation" (p. 239).

DiLeonardi (1993) stated: "Social isolation is manifested in part as lack of trust of persons outside the family. Child welfare workers are seen as the enemy, as persons whose function is to remove children from the home" (p. 558).

A second difficulty in drawing conclusions about the relationship among components of the social isolation construct and child maltreatment can be attributed to differences between samples. "Inattention to socio-economic status or income is particularly problematic in the study of maltreaters and social networks, because they are over-represented in the lower classes or in communities with the highest poverty rates. Lower-income parents are likely to have lower-income members in their social networks which, in turn, is likely to affect the objective availability and flow of some resources to and from parents. Fewer actual resources, in turn, are likely to affect the perception that support is available or adequate. Moreover, lower income or socio-economic status has been found to be related to some structural properties, such as smaller networks; smaller networks tend to provide fewer resources, especially for women" (Coohey, 1996, p. 243).

Belsky maintained that social support has been linked with physical and psychological well-being and has been conceptualized as a stress buffer. "There is an abundance of evidence linking social isolation and limited social ties with elevated risk of child abuse and neglect" (Belsky, 1993, p. 422).

Éthier, Palacio-Quintin, Jourdan-Ionescu, Lacharité and Couture compared negligent and violent mothers and found that when faced with difficulties, negligent mothers used their personal supports (spouse, children, parents, siblings) less than violent mothers (Palacio-Quintin & Éthier, 1993, p. 158). Polansky found neglecting mothers less involved in informal helping networks and described themselves as more lonely (O. Barnett et al., 1997, p. 128).

Results of a study by Gaudin et al. (1993) "confirm and shed further light upon previously reported associations between neglectful parenting and the loneliness and social isolation of the parents. The significant correlations between self-reported loneliness and measures of social-network support confirm that neglectful parents not only report less support from neighbours, friends, and relatives but also feel more lonely and isolated" (p. 603).

Polansky has focused on psychosocial factors at the level of the individual and family. Across a series of studies, he and his colleagues have documented how isolation from social supports and extended family relationships plays a large role in the difficulties that neglecting parents have in

> performing parental functions. Social isolation can lead to loneliness and depression in the parent, which results in both a lack of attention to the needs of the child and further isolation from supports in the family and friendship network. This can result in the "apathy-futility" syndrome in which the neglecting parent increasingly feels that there is no point in attempting to solve the difficulties in the family (Polansky et al., 1981; Polansky et al., 1985a, 1985b) (Burke et al., 1998, p. 395).

Social isolation and loneliness have been attributed by some to transience, although Belsky noted "the very real possibility that isolation and lack of social support is, at least in part, something that maltreating parents actively, even if inadvertently, contribute to, rather than something that simply happens to them" (Seagull, 1987) (Belsky, 1993, p. 422).

On the other hand, Coohey (1996), added:

> Still we do not know why the structural properties of neglectful mothers' networks differ in the first place.... One factor that is often overlooked in treating child neglect is the neglectful mother's educational background and IQ level. Both Polansky and colleagues (1981) and Crittenden (1985) have found mental retardation to be a factor in child neglect; Crittenden found that 72% of the neglectful mothers were retarded versus 5% of the physically abusive mothers (p. 251).
>
> To summarize, neglectful mothers had fewer members in their networks, had fewer total contacts, had less contact with the members they did have, perceived their members to be less supportive, and received fewer instrumental and emotional resources from their network members compared to mothers who did not abuse their children. Thus, the neglectful mother's perception of support was consistent with the actual receipt of fewer resources. If any particular type of maltreater ought to be labelled "socially isolated," neglectful mothers clearly had the most deficient social connections (p. 250).

Environmental Factors: Culture

Cultural attitudes and practices are seen by many to have an effect on child neglect and other forms of maltreatment.

> In sum, then, although most child maltreatment takes place in the family and thus "behind closed doors," this immediate and even developmental context of maltreatment itself needs to be contextualized.

> Cultural attitudes, values, and practices, as well as the economic circumstances of a society and its cultural history, play an important role in the etiology of child maltreatment. Even though they are not in any sense an immediate or proximate cause of child abuse and neglect, they create a fertile soil in which these disturbing practices can grow and even flourish (Belsky, 1993, p. 423).

Despite the growing tendency to cite cultural issues as important to child welfare practice, there is little research in this area.

> But as Garbarino and Ebata (1983) have observed, cultural and ethnic differences have received a treatment that might best be described as benign neglect. Moreover, serious problems reduce the confidence that can be placed in any conclusions that might be drawn from the few relevant studies (Belsky, 1993, p. 427).

Effects of Neglect

As has been noted, most of the research into child neglect has focused on neglectful mothers, rather than on children. O. Barnett et al. (1997) reported that there is relatively little research on the effects of child neglect on children's functioning and that the studies that do exist are marred by methodological problems. However,

> [c]ollectively, these studies have consistently uncovered several problems associated with child neglect including social difficulties, intellectual deficits, emotional and behavioural problems, and physical consequences (O. Barnett et al., 1997, p. 116).

In reviewing studies investigating the effects of child neglect on children's development, Crouch and Milner (1993) reported that "studies exploring child neglect victim effects focus on child 'maltreatment' groups for which inclusion criteria tend to be broad" (p. 50). Further, the lack of consensus on subtypes of neglect cause difficulties in establishing definitions for research purposes; the recruitment of subjects for studies often relies solely on social service agencies; samples are often small and poorly controlled; studies tend to rely on retrospective self-reports or child protection reports; and child neglect measures are often not standardized, so replication of studies and the interpretation of results becomes difficult (p. 50).

Egeland and Sroufe, in a longitudinal study of four maltreatment groups of mothers, stated that a significantly higher proportion of neglected children were anxiously attached (e.g., overly dependent, clingy, prone to crying) at 12 and 18 months, compared to children in the control group (O. Barnett et al., 1997, p. 116).

Becker et al. (1995) summarized recent research into the effects of neglect on children and reported that some studies have found that neglected children display more behaviour problems than non-abused children, such as apathy, passivity and less flexibility, persistence and enthusiasm. They noted that Hoffman-Plotkin and Twentyman found significant cognitive deficits when comparing neglected and non-neglected preschoolers and Wodarski found severe academic delays among neglected children (pp. 29–30).

Another description of the effects of neglect on children is presented by Erikson and Egeland (1996):

> Hoffman-Plotkin and Twentyman (1984) reported that abused children were more aggressive than either neglected or nonmaltreated children, but the neglected children interacted less with peers than either abused or nonmaltreated children. Similarly, Crittenden (1985 and 1989) found that abused children were described as having difficult temperaments, became angry under stress and exhibited mild developmental delays. Neglected children, on the other hand, were passive, tended toward helplessness under stress, and showed significant development delays. In a review of studies from 1975 to 1992, Katz (1992) found that both abused and neglected children had language delays or disorders, but the problems of neglected children were more severe (p. 9).

A longitudinal study of developmental outcomes for physically abused and neglected children revealed that physically neglected preschoolers presented "the least positive and most negative affect" of all types of maltreated children. Hoffman-Plotkin and Twentyman found that neglected preschoolers engaged in the least number of peer interactions when compared to physically abused and control subjects. Allen and Oliver found that neglect alone predicted both poor auditory comprehension and poor verbal ability, even after controlling for the effects of sex and socio-economic status (Becker et al., 1995, p. 30).

> In one of the few studies involving adolescents, Henggeler, McKee, and Bourduin (1989) examined the relation between neglect and delinquency in 48 male adolescents divided into three groups: neglected-delinquent, delinquent, and control. Results indicated that delinquents from neglectful and nonneglectful families experience similar behavioural and family communication problems, suggesting that neglect itself was not a primary determinant. However, because the criterion for neglect was protective services involvement, it is possible that many of the nonneglectful families were in fact neglectful (Becker et al., 1995, p. 30).

Hanson (1993) reported that children who have been neglected demonstrate retarded growth, poor motor and language development, flat affect, indications of malnutrition, unattended medical problems, and an inability to conceptualize. Hanson also suggested the intergenerational transmission of neglect in that older children "often seek early emancipation and may begin the cycle all over again" (p. 120).

McCurdy and Daro (1994) explained that nearly half of the fatalities attributed to child maltreatment in the United States result from neglect.

> Many of these are young children left alone, dying in house fires. A follow-up study of different forms of maltreatment found the worse outcomes associated with neglect (Rivera & Widom, 1992). Several studies have identified other serious and long-term effects of child neglect, including failure to thrive, cognitive deficits, poor social skills, and increased criminal behaviour (Egeland, Sroufe, & Erickson, 1983; Fox, Lond, & Langlos, 1988; Rivera & Widom, 1992) (Dubowitz, 1994, pp. 556–557).

> Neglected children, if they survive physically, often fail to develop the confidence, concentration, and social skills that would enable them to succeed in school and in relationships. The behaviour they bring to the classroom sets them up for a continuing cycle of failure and disappointment unless something happens to make a difference. Even the most subtle kinds of emotional neglect have a dramatic effect on children's development, especially during the early years of life.... [A]ttachment theory provides a useful framework for understanding the impact of neglect. This theory proposes that the infant's relationships with primary caregivers are the prototypes for subsequent relationships.... For example, the child whose mother fails to respond to his or her signals will eventually shut down, no longer seeking or accepting contact with her.... Then, when the child enters the new social world of school, those old expectancies and behaviours continue to play out in regard to learning, peer relationships, and response to teachers (Erickson & Egeland, 1996, p. 15).

The *Minnesota Mother-Child Project* is a longitudinal study that was designed to follow the development of a sample of 267 children born to first-time mothers identified as being at risk for parenting problems due to poverty, youth, low education, lack of support, and unstable life circumstances. Findings led Erickson and Egeland (1996) to conclude that emotional neglect seems to be the most serious form of maltreatment, in terms of the consequences.

> In many ways, our study shows the consequences of emotional neglect (or what we call psychologically unavailable parenting) to be even more profound than physical neglect and the other types of maltreatment. Nearly all of the children in this group were anxiously attached, with the majority of those classified as anxious-avoidant. In each of the

assessments at 24 and 42 months, they displayed anger, noncompliance, lack of persistence, and little positive affect.... Although the maltreatment they experienced was the most subtle of all groups, the consequences for the children were the most striking (p. 12).

Prevention and Treatment

Research literature "does not yet determine which intervention targets are either most likely to prevent or remediate child maltreatment or which are most easily or effectively modified" (Belsky, 1993, p. 413). Researchers have proposed few interventions unique to child neglect and "available studies suffer from a variety of methodological limitations, including single-subject research design, exceedingly small sample sizes, non-standardized assessment methods, and biased samples. In addition, most intervention programs directed at neglect include services for parents, with few direct services for children" (O. Barnett et al., 1997, p. 130).

> Although the effectiveness of intervention with neglecting families has not been studied adequately, limited evidence suggests that interventions are successful with no more than 50% of families. The most effective interventions are comprehensive and relatively long term (Gaudin, 1993) (Erickson & Egeland, 1996, p. 16).

Cohn and Daro also warned of disappointing results.

Reviews of clinical intervention programs and federally funded demonstration projects reflect relatively poor outcomes (e.g., 30% success rate) and a high reoccurrence of maltreating behaviours (e.g., 66%) in neglectful parents and caregivers. These authors suggested that positive findings were associated with skill-training groups (i.e., home management and social skills focus), parent education and support groups, family counselling, home-based counselling to remediate daily living skills deficits, and the use of lay counsellors. In contrast, programs lasting less than 6 months, with more traditional emphasis on parent-focused interventions and casework, were associated with the poorest outcomes (Becker et al., 1995, p. 37).

Daro (1988) reviewed 19 NCCAN [National Center on Child Abuse and Neglect] demonstration programs from 1978 to 1982 and found that "in only 53% of the neglectful families was there improvement in the family's overall level of functioning, and 70% were judged likely to recidivate after

> case closing. In 66% of the neglectful families there were additional reports of neglect while intervention was in progress." She concluded that regardless of the type of intervention, the severity of the families' problems was the most powerful predictor of outcome. The presence of alcohol and drug problems consistently correlated with less successful outcomes (Gaudin, 1993b, p. 73).

Working with neglectful families appears to be a difficult job. Research by Bath indicated that those who have already neglected are one of the most difficult populations to reach through current service models (Rose & Meezan, 1993, p. 287). Some authors attribute this to the nature of the client population:

> A major difficulty in serving [chronically neglectful] families is the emotionally draining effect that the apathy of neglectful families may have on professionals. The hopelessness and helplessness of these families make it extremely difficult for workers to initiate and follow through on plans that might alleviate the families' situation (DiLeonardi, 1993, p. 559).

To date, most clinical interventions have focused on treating the neglecting mother, rather than the neglected child.

> As is typical of the abuse and neglect literature, the empirical studies that are available (e.g., Dawson, de Armas, McGrath & Kelly, 1986; Gaudin, Wodarski, Arkinson & Avery, 1991; Lutzker, 1990; Lutzker & Newman, 1986; Lutzker & Rice, 1984) have focused the major intervention on parents rather than on children.... The majority of the clinical and empirical information on treatment programs for neglected children focuses solely on infants and preschool-age children (Becker et al., 1995, p. 30).

Swift (1995a) viewed this focus in the following terms:

> It is important to notice that while the children's needs warrant our entry into the private home, it is the needs of the mother rather than the children that become the focus of intervention. The role of the state is to produce and enforce care for children *through* the family, which usually means through the mother. It is the need for a change in mother that provides the justification for intervention, and it further explains the kinds of interventions that child welfare systems typically offer. Mothers are presented as having deficit needs; they have not themselves been nurtured adequately. This explanation is what Fraser describes as "needs interpretation," a function

> through which personnel "translate [clients'] experienced situations and life-problems into administrable needs" (1989, p. 154). In this process, other possible needs are closed off not only as legitimate but even as specifiable (pp. 113–114).

The few programs directed at children have tended to provide therapeutic day care, which appears to be effective in addressing some of the deficits associated with neglect.

> [M]ost of the treatment programs available to address the needs of neglected children involve therapeutic day-care programs (e.g., Culp et al., 1987; Culp et al., 1991).... Overall, therapeutic day-care programs have resulted in significant developmental gains in preschoolers. However, limited information on long-term treatment success is available, and adaptations of this approach for older children is non-existent (Becker et al., 1995, p. 30).

Becker et al. (1995) concluded that more empirical studies on the treatment of neglected children are needed and that "[f]uture research should address the needs of older children and adolescents, utilize standardized measures, separate neglect from other forms of abuse, and measure outcome through recidivism data as well as the children's long-term academic performance and psychological adjustment" (p. 30).

Early interventions are seen to be important:

> Because neglect is particularly damaging in infancy, it is important to work with families as early in the infant's life as possible—or, preferably, even before the baby is born (Erickson & Egeland, 1996, p. 16).

Multiple interventions are also seen as important:

> The best news, in fact, is that because of the "discovery" that child maltreatment is multiply determined, no "magic bullet" must be identified and targeted before intervention efforts can be initiated.... Although the multidetermined nature of child maltreatment suggests that there are many targets to focus prevention and remediation efforts, it simultaneously alerts psychologists to the fact that directing efforts at any single target is not likely to be particularly successful (Belsky, 1993, p. 428).

Coohey (1996) also recommended a variety of interventions, beginning with the following:

> [T]he premise that personal social networks are the major avenue by which parents receive most of the resources that were included in this study. Thus, it is not reasonable to assume that individual practitioners can provide a permanent or adequate source of, for example, emotional support to

> neglectful mothers. Instead, it does seem reasonable that our interventions target mothers who have an insufficient level of resources, engage the mother's important network members who can provide support to her, assist a mother in developing new relationships with persons outside her network, and simultaneously, work toward increasing institutional resources such as adequate education and employment for low-income parents (p. 252).

Evaluation studies of multi-service interventions have demonstrated some positive results.

> The NCCAN, for example, has recently funded a series of multi-service projects directed at chronically neglectful families. Evaluations of these projects have indicated that a combination of parenting groups, intensive in-home counselling, and supportive interventions (e.g., paraprofessional aides) has been effective in improving neglectful parenting practices.... Two recent studies suggest, however, that outcomes for neglecting families are less positive than for abusive families or families of delinquents (O. Barnett et al., 1997, p. 131).

Dubowitz et al. (1993) echoed the call for varied interventions tailored to the individual situation (p. 10). Cicchetti and Toth (1995) emphasized developmental appropriateness:

> In examining the needs of maltreating families, it becomes clear that the integration and coordination of services are critical if intervention is to be effective. The more unified and comprehensive the interventions that are available within an individual treatment centre, the greater the likelihood that splintered services will be avoided.... Most basically, the survival needs of the family for food, clothing, and shelter must be met before the family members can be engaged in more complex psychological and behavioural change. The clinician working with the family must be responsive to establishing a trusting relationship with both parents and children. Clinical interventions need to be sensitive to critical stage-salient issues of the child, and interventions with parents and children should focus on those issues.... Intervention with maltreating families also must be sensitive to variations in family organization, structure, roles, and patterns of relating that are influenced by cultural, racial, and ethnic differences (p. 555).

Interventions require clear treatment goals:

> To formulate appropriate interventions with neglectful families it is critical to distinguish between inadequate supervision that is related to the parent's

> impulsive behaviour, depression, alcoholism or other dysfunctional behaviour and that which is related to a parent's lack of knowledge and understanding of age appropriate expectations for a toddler (Azar, Robinson, Hekimian & Twentyman, 1984; Herrenkohl, Herrenkohl & Egold, 1983). For example, neglect that is related to a parent's mental retardation requires intensive, in-home, behavioural instruction to remedy knowledge and skills deficits (Lutzker, 1990) (Gaudin, 1993b, p. 69).

Some authors have recognized the importance of preventive strategies.

> Nevertheless, because the demographic data clearly indicate that poverty and early and extensive childbearing provide fertile soil in which child maltreatment can grow, it is difficult to imagine that major strides can be made in the battle to prevent, much less remediate, child maltreatment so long as impoverished women, particularly those who are young, are rearing multiple and closely spaced offspring on their own, without sufficient social supports, or both. This observation suggests that fertility planning, education, employment, and economic assistance will be required.... (Belsky, 1993, p. 428).

> Palacio-Quintin and Éthier (1993) suggested economic and social policies to address child neglect in Canada, such as reducing poverty, improving housing, job opportunities and early intervention. New psychosocial models of early intervention are needed (p. 162).

Tracy et al. (1993) noted that:

> The three major family stress factors that affect families serviced by child welfare agencies in this study were substance abuse, economic difficulties, and poor living conditions. These factors represent large social-environmental problems that are generally outside the control or auspice of the child welfare system. This finding is significant in light of the fact that the major thrust of service delivery was counselling and therapeutic services (p. 26).

Belsky (1993) also acknowledged the importance of income supports and improved housing for poor families.

> As stated repeatedly, poverty is a major contributing factor to child maltreatment. Thus it seems likely that guaranteed minimal incomes, child allowances, and housing benefits would reduce the risk of maltreatment (p. 429).

Gaudin (1993b) proposed a number of elements for designing interventions, such as mobilizing concrete formal

and informal helping resources to address family poverty. He stated that treatment goals must include the nurturing of the neglecting parents in order to enhance their self-esteem and self-efficacy. Intervention with neglectful parents requires that workers "parent the parent." Gaudin also recommended that interventions "begin where the client is;" assume that parents want to improve the quality of care for their children and reinforce the parents' hidden strengths. Set realistic and achievable treatment goals, exercise legal authority if necessary to overcome any initial denial or apathy and ensure that treatment lasts at least 12 months (p. 70).

Broadening the focus of treatment is an area that appears promising. Multi-service interventions and those that included all family members, rather than focused on the principal care provider, were more successful with neglectful families, according to Daro (Gaudin, 1993b, p. 77). Group methods also appear successful, as do intensive, weekly, in-home casework counselling focusing on concrete problem solving.

Researchers also note that "empowerment" can be effective in helping neglectful families, although the term appears to be open to some interpretation. Empowerment can be conceptualized as a philosophy, as a paradigm, as a process, as a partnership, as a performance, and as a perception, according to Landsman (NCCAN, 1997b, p. 18). Empowerment-based practice entails

- exchanges between clients and professionals, or between help-seekers and help-givers;
- partnership and mutual respect among all parties involved;
- a proactive or strength-based stance toward individuals and families based on the assumption that people are capable of acting competently and of enhancing their competence; and
- a cognitive component—to gain a sense of self-efficacy, clients must attribute changes to their own activities or actions.

Several authors have suggested that life-skills training has been effective.

> Project 12-Ways is one of the most carefully documented and successful programs for neglectful parents reported in the research literature. The program uses in-home behavioural training to teach neglectful parents grocery-shopping and menu-planning skills, skills to remedy specific safety hazards and improve the cleanliness in the home, and identification of children's illness symptoms. Parents and children were taught specific skills using the

> behaviour techniques of modelling, coaching, and positive reinforcement to remedy specific skill deficits and environmental conditions (Barone et al.) (Gaudin, 1993b, p. 74).

Interventions providing direct service to children appear to help remedy some of the effects of neglect, according to Daro, but there is little reliable empirical evidence of this. Her review indicated that therapeutic child care programs providing cognitive stimulation, cultural enrichment, and motor and social skill development have a significant impact on the child's ability to function (Gaudin, 1993b, pp. 83–84).

NCCAN, a part of the U.S. Department of Health and Human Services, funded six demonstration projects to help neglectful families in 1988. Family empowerment, group work, and paraprofessionals or volunteers were used to some extent by all of the projects. All of the families served had an income lower than the poverty level. The Childhood Level of Living (CLL) Scale was used to assess families before and after intake. Services lasted an average of 18 months (range three months to over two years).

> Many families showed improvement in the areas of family socialization or activities, household cleanliness, and appropriate child discipline (p. 561). Overall the project families scored at a mean of 64% of the CLL norms for minimum adequate parenting, which increased to an average of 82% minimum adequacy at the end (DeLeonardi & Johnson, 1993) (DiLeonardi, 1993, pp. 557–562).

> Neglect is often embedded in a larger pattern of dysfunction and, in many cases, environmental chaos, making it difficult or impossible to separate the impact of neglect from other environmental influences.... [I]ntervention efforts most likely will need to address the entire matrix of home and family variables that support or impede children's development (Erickson & Egeland, 1996, p. 10).

Conclusion

As has been noted, the issues concerning child neglect are complex. Debates about its definition, causes, effects, and interventions are not expected to be resolved in the short term. Research is tied to child welfare practice, which continues to be scrutinized by the public and professionals in Canada and the United States.

As Swift (1995a) has indicated, the usual focus of child welfare personnel is, by legal necessity, on the culpability of the parent.

> One reason neglect files are so distressing to read is that we see in them the dreadful conditions children endure during the lengthy period the state requires to establish evidence against their parents. Children are condemned to live like this not only because their parents are unable or unwilling to do better, but also because the only helping tool society has provided itself is to find parents guilty. While scholars debate the desirable definitional breadth of neglect, the actual standard of care enforced through the present system is desperately low—surely well below any minimum standard scholars would care to commit to paper (p. 87).

A conceptual shift is required, according to some authors. In light of what she calls "a hundred years of failure to either save children or change mothers," Swift recommended a radical rethinking of the child welfare system, with many shifts in funding, organization, and orientation so that service providers can become concerned with the welfare of children rather than with protective practices. She welcomed fellow Canadian Marilyn Callahan's "recent—and courageous—suggestion that neglect be eliminated as a child welfare category" altogether.

> The ideological baggage neglect carries with it, the overly legalized system developed to make determinations of neglect, the paltry resources associated with it, and the abject failure of its use in improving life for clients—children and parents alike—all argue for a radical change in direction. Workers who now spend much of their time policing families might actually be able to provide service, were resources to be

> diverted, as Callahan suggests, into a system designed explicitly to improve the welfare of Canadian children.... In Canada, we are accustomed to incremental change. But perhaps in some cases, we should simply admit failure and begin again. Neglect, for me, is one such case (Swift, 1995a, pp. 193–194).

Indeed, Callahan's "courageous" suggestion appears to make good sense:

> In [separating child apprehension from voluntary services to families], several models could be explored. In any model, the so-called crime of neglect should simply disappear from the child welfare statutes. Instead, child welfare statutes could be reframed to define the caring services to be provided and the circumstances under which they will be provided. If chronic neglect is primarily a matter of poverty, frequently the poverty of disadvantaged women, then it should be dealt with as a resource issue rather than a personal, individual problem. If situational neglect occurs, such as the abandonment of children, then such problems can be dealt with by providing care and resources to children, locating parents, and helping them make plans for their children. Proving them unfit to care for their children in either case is irrelevant, as it wastes court time and damages parent–child relationships. Voluntary care orders would remain. In any event, neglect could remain within the *Criminal Code* for those difficult cases where serious neglect occurs yet help is refused (Callahan, 1993, p. 205).

Other authors have come to similar conclusions. One important shift in focus appears to be a need to start addressing child neglect prevention:

> In our opinion, one of the major directions for both practice and research in the area of child neglect is the implementation and careful evaluation of programs designed to prevent neglect.... We concur with Aber and his colleagues that programs must be designed, targeted, and evaluated within a clearly articulated theory on the development of maltreated children and the factors that lead to and perpetuate maltreatment. We believe that attachment theory provides a good place to begin (Erickson & Egeland, 1996, p. 16).

For those who take a less radical approach to change, a number of recommendations have been made to improve the research base. Cicchetti and Toth's (1995) recommendations include the following:

- consider definitional issues,
- expand cultural and ethnic sensitivity,

- conduct more longitudinal research,
- elucidate the development processes contributing to adaptation and maladaptation,
- conduct research on the whole family,
- address the effects of co-occurring risk factors,
- measure the psychological and biological correlates of functioning in maltreated children,
- further articulate the links between child maltreatment and psychopathology,
- expand public educational efforts, and
- disseminate knowledge to legislators and policy advocates.

The current research points to the seriousness of the effects of neglect on children and the limits and deficiencies of prevention and treatment efforts. As Douglas Barnett et al. (1993) summarized:

> [S]cientists have been successful in increasing our knowledge of child maltreatment, but our nation has been comparatively unsuccessful in benefiting from this progress (p. 44).

Child neglect's strong link with poverty cannot be overlooked. Hewlett's (1993) examination of child neglect in wealthy, industrialized nations points to a number of broad economic and political factors that affect child neglect. Her analysis suggested that child neglect is not a phenomenon that will disappear on its own in the near future. Hewlett points to shrinking wages in Anglo-American economies since the mid-1970s, the increased number of two-income families, longer work weeks, stresses on parents, the high number of absentee fathers (in the United States, one quarter of children under 18 are growing up without fathers—10 million as a result of divorce and 5 million as a result of out-of-wedlock births), and low support payments to mothers (pp. 5–13).

One question that researchers in Canada must continue to ask is how relevant American child neglect research is to the Canadian situation. Does Canada, with lower levels of abject family poverty than the United States, have a lighter societal burden related to child neglect? Do our social programs mitigate the occurrence of child neglect compared with our neighbours to the south? Does the American crack cocaine epidemic foreshadow increasing drug abuse in Canada?

Trocmé et al.'s (1994) research concerning child maltreatment investigations in Ontario suggested that neglect does represent a lower proportion of child maltreatment cases, compared with US statistics. Maltreatment investigations conducted in Ontario in 1993 (46,683) showed that

- 19,352 (41.4%) involved suspected physical abuse,
- 11,846 (25.3%) involved suspected sexual abuse,

- 13,933 (29.8%) involved suspected neglect, and
- 4,727 (10%) involved suspected emotional maltreatment.

Maltreatment was substantiated in 27% of these cases, suspected in 30% and unfounded in 42% (p. iii).

In comparison, the US *NIS-3* (1993) found a total of 2,815,600 reported maltreatment cases of which

- 614,100 (21.8%) were cases of physical abuse,
- 300,200 (10.6%) were cases of sexual abuse,
- 532,200 (18.9%) were cases of emotional abuse,
- 1,335,100 (47.4%) were cases of physical neglect, and
- 585,100 (20.7%) were cases of emotional neglect.

Canadian programs and interventions may also have a mitigating factor on child neglect. A number of longitudinal studies currently under way (e.g., *Better Beginnings, Better Futures*) may shed some light on child neglect research and interventions in this country. Other programs that may have an effect include the Community Action Program for Children (CAPC) initiatives. These are community-based programs funded by Health Canada that are designed to improve the health and well-being of children six years of age or younger, as well as their families, who are in difficult situations. The ongoing evaluation of the effects of these programs may also increase the knowledge base concerning effective interventions. Other Canadian programs that should be examined in light of child neglect research include the various Headstart programs across the country, Babies' Best Start in Ontario, home visiting programs, and enriched, early childhood programs.

Diverse research from a variety of disciplines and fields continues to broaden our understanding of child maltreatment issues. There is new information about infant brain development that should be examined for relevance with regard to prevention for children. As each new piece of information about social and human development helps to fill in the pieces of some long-standing puzzles, they also result in new puzzles and concepts that help us to question assumptions and revisit existing models and theories.

Broad, basic questions posed by Swift and other researchers have not yet been addressed in a systematic way across Canada. Some of these questions relate to the basic direction of child welfare work in Canada. There is much policy and research work yet to be done regarding child neglect in particular and child welfare in general, beyond the current emphasis on child death reviews and the narrower focus on "child safety."

It is important that we continue to question the historical biases, social ideologies, and political expediency

that hinders efforts to improve the well-being of children who are at risk of harm. If real improvements are to be made on behalf of children, it is clear that the economic situation of young families must be addressed, in conjunction with prevention and early intervention programs that make a demonstrated, long-lasting improvement in the lives of children.

Appendix A: Child Neglect Index

	20	15	5	0
Age	0–2	3–5	6–12	13–16

Child's Name: _____

File Number: _____

Worker's Name: _____ **Date :** _____

Supervision

The two factors to be considered in assessing level of supervision are avoidability (i.e., extent to which a caretaker can be expected to anticipate and prevent) and severity of harm, or potential harm. Three specific types of harm that may result from failure to supervise: physical harm, sexual molestation, criminal activity/child under 13.

s/o	Unknown/Does Not Apply
0	1. Adequate—provisions made to ensure child's safety; caretaker knows child's whereabouts and activities; clear limits set on activities.
25	2. Inconsistent—child is occasionally exposed to situation that could cause moderate harm (e.g., young school-aged child occasionally left alone, parents do not monitor whereabouts of adolescent who occasionally comes home late in the evening).
50	3. Inadequate—child is often exposed to situations that could cause moderate harm, or there is a slight possibility that the child could suffer serious harm (e.g., young school-aged child often left unsupervised, or infant occasionally left alone while sleeping).
60	4. Seriously Inadequate—child is often exposed to situations that could cause serious harm (e.g., abandonment, home used as "crack house" and drugs left within reach of child, child often left to wander in dangerous neighbourhood, toddler often exposed to hazardous situations).

Physical Care

Physical harm or substantial risk of physical harm due to the caretaker's failure to care and provide for the child adequately.

Food/Nutrition

s/o	Unknown/Does Not Apply
0	1. Regular and nutritional meals provided.
20	2. Meals irregular and often not prepared, but child's functioning is not impared.
40	3. Meals irregular and often not prepared; child's functioning is impaired (e.g., child is hungry and has difficulty concentrating in class).
50	4. Inadequate food provided—there is a substantial risk that the child will suffer from malnutrition (e.g., infant given diluted formula).
60	5. Child displays clinical symptoms of malnutrition; medical attention and/ or rehabilitative diet required (e.g., weight loss, anemia, dehydration, etc.).

Clothing & Hygiene

s/o	Unknown/Does Not Apply
0	1. Child is clean and adequately clothed.
20	2. Inadequate clothing or hygiene, but this does not appear to affect child's functioning.
40	3. Inadequate clothing or hygiene limits child's functioning (e.g., unable to go outdoors because of lack of clothing, isolated by peers because of hygiene or appearance).
50	4. Inadequate clothing or hygiene likely to cause illness requiring medical treatment (e.g., infestation of head lice).
60	5. Illness requiring medical treatment due to inadequate clothing or hygiene (e.g., serious infection due to poor diaper care, intestinal disorder).

Provision of Health Care

"Treatment not provided" includes refusing or being unavailable or unable to consent to treatment. The extent to which harm could be avoided should be considered in terms of three factors: (a) whether a reasonable layman would recognize that a problem needs professional attention; or (b) whether a professional has recommended services or treatment; or (c) availability and/or effectiveness of treatment or services (e.g., the questionable effectiveness of services for chronic teen manners).

Physical Health Care

s/o	Unknown/Does Not Apply
0	1. Basic medical care provided.
20	2. Preventive medical care not provided (e.g., no regular checkups).
45	3. Medical care not provided for injury or illness causing avoidable distress.
50	4. Medical care not provided for injury or illness causing avoidable distress and interfering with child's functioning (e.g., chronic absence from school due to untreated illness).
60	5. Medical care not provided for injury or illness, which could lead to permanent impairment or death (e.g., infant vomiting or diarrhea leading to dehydration).

Mental Health Care CFSA

s/o	Unknown/Does Not Apply
0	1. Parents anticipate and respond to child's emotional needs.
20	2. Inconsistent response to emotional distress (e.g., responds only to crisis situations).
50	3. Services or treatment not provided in response to emotional distress; child at substantial risk of severe emotional or behavioural problems (anxiety, depression, withdrawal, self-destructive or aggressive behaviour, child under 13 engaging in criminal activity).
60	4. Services or treatment not provided in response to emotional distress, child experiencing severe emotional or behavioural problems.

Developmental and Educational Care

s/o	Unknown/Does Not Apply
0	1. Child's developmental and educational needs are met.
20	2. Child's developmental and educational needs are inconsistently met (e.g., limited infant stimulation, child could benefit from remedial help in one or two subjects, child having academic difficulties due to poor school attendance).
50	3. Services or treatment are not provided in response to identified learning or developmental problems (e.g., learning disability diagnosed but caretakers refuse remedial help).
60	4. Child has suffered or will suffer serious/permanent delay due to inattention to developmental/educational needs (e.g., Non-organic Failure to Thrive identified but caretakers refuse remedial help).

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Appendix B: List of Acronyms

AAPC
American Association for Protecting Children

AFDC
Aid to Families with Dependent Children (USA)

CAPC
Community Action Program for Children

CLL
Childhood Level of Living

CNI
Child Neglect Index (Ontario)

CPS
Child Protection Services

CWB
Child Well-Being

DHHS
Department of Health and Human Services (USA)

FTT
Failure to Thrive

MCS
Maternal Characteristic Scale

NCCAN
National Center on Child Abuse and Neglect (USA)

NIS
National Incidence Study for National Incidence and Prevalence of Child Abuse and Neglect Study (USA). These studies are conducted periodically and are differentiated by NIS–1, NIS–2, NIS–3, etc.

NOFT
Non-organic Failure to Thrive (Also referred to as NFTT)

SES
Socio-economic Status (USA)

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